

MARGIN RESERVED FOR BINDING

M- 6200A
52 1001

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1001

1. NAME OF DECEASED (Type or Print) Dale W. Myers		2. DATE OF DEATH Jan. 31, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE Md B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 3-02	
D. STREET ADDRESS (If rural, give location) 25 Lloyd St		c. Length of stay in Baltimore 4 years Yrs. Mos. Days	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Dec-25-1947
9A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baby		9B. KIND OF BUSINESS OR INDUSTRY	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baby		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTH PLACE (State or foreign country) W. Va.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Chris Morris		14. MOTHER'S MAIDEN NAME Virginia	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Baby		16. SOCIAL SECURITY NO.	
17. INFORMANT		JOHNS HOPKINS HOSPITAL	

18. 492 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO (A) Pneumonia	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH 5 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) (pneumonia)		7 days
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

CERTIFICATION APPROVED BY
[Signature]
CHIEF OR DEPUTY MEDICAL EXAMINER.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 31, 1952, to Jan 31, 1952, that I last saw the deceased alive on Dec 4, 1951, and that death occurred at 7:40 A. M., from the causes and on the date stated above.					
23A. SIGNATURE Herman Pinckston Jr.		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED Jan 31, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Feb-4-1952		24C. NAME OF CEMETERY OR CREMATORY Meadowridge Memorial Park	
24D. LOCATION (City, town, or county) Washington		24E. FUNERAL DIRECTOR		24F. ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR FEB 1 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		463 E 25th St Balto-18 Ind	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians write the causes of death clearly and fully.

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1001

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9.50

100% CAG

100% CAG

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 1002
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

PAULINE SMITH

2. DATE
OF
DEATH

1-30-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Md.

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

632 Bartlett Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

632 Bartlett Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

1878

9. AGE (In years last birthday)

73

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

16. SOCIAL SECURITY NO.

-

17. INFORMANT

Mr. Vincent J. Smith

ADDRESS

18.

153X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Carcinomatosis of abdomen**

1 year.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Carcinoma of the Colon.**

1 year.

DUE TO

(C) **✓**

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

May 1, 1951

19B. MAJOR FINDINGS OF OPERATION

carcinoma of Colon.

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **May 1, 1951**, to **Jan. 30, 1952**, that I last saw the deceased alive on **Jan. 30, 1952**, and that death occurred at **3:40 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE

Frank H. Oden.

M. D.

23B. ADDRESS

2701 W. Calvert St.

23C. DATE SIGNED

Jan. 31, 52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2-2-52

24C. NAME OF CEMETERY OR CREMATORY

Holy Reddemer

24D. LOCATION (City, town, or county)

City

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

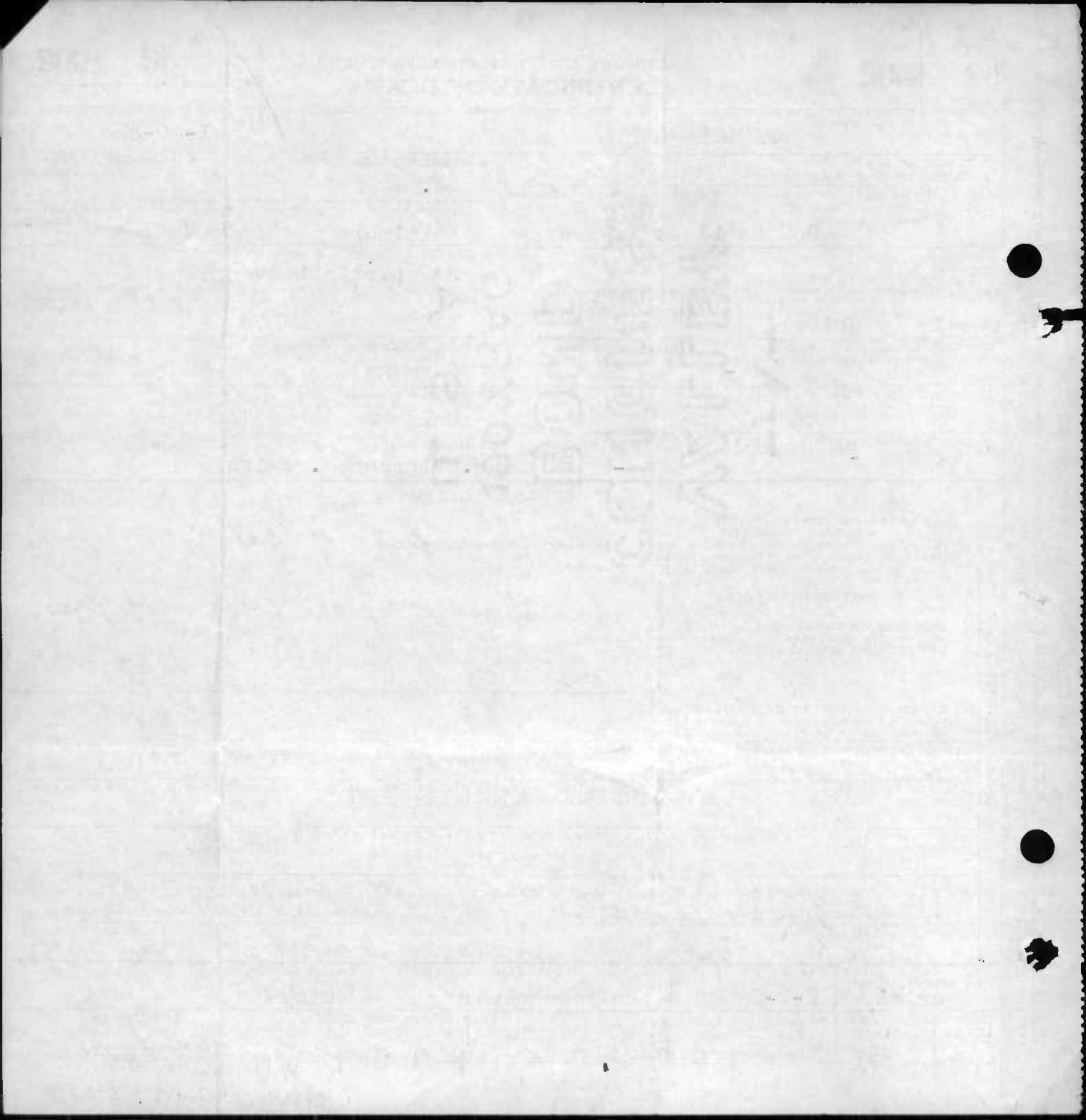
Wiedefeld & Son. 46 E. GREENMOUNT AVE. & 22nd ST.

FEB 1 1952

VS 150

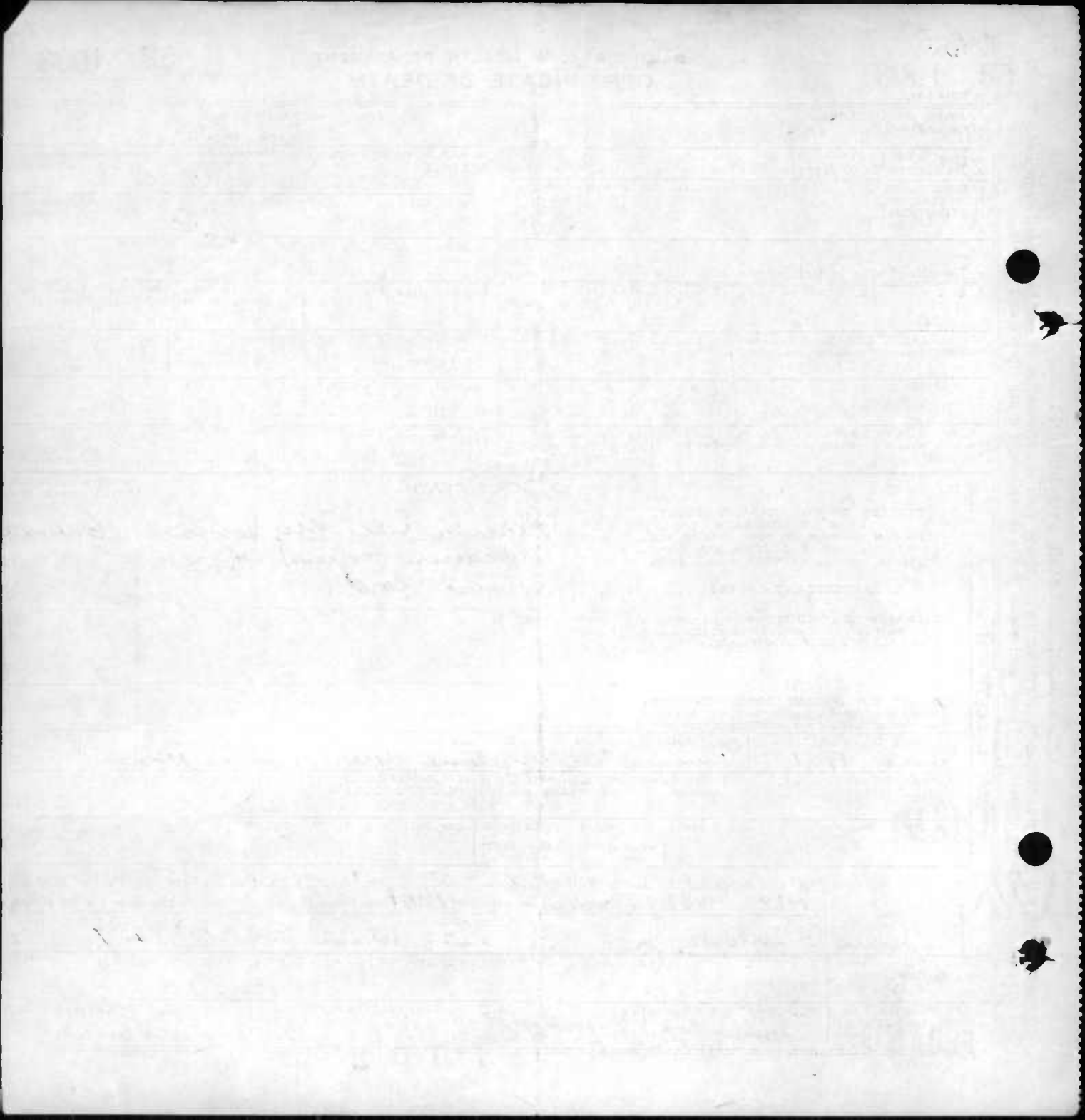
MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 1003**

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Anna G. Strunge		2. DATE OF DEATH Jan. 31-52.	
3. PLACE OF DEATH: A. Baltimore City, Maryland 251 So. Hilton st.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE 251 So. Hilton St. Balto. Md. B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. Md.			
c. Length of stay in Baltimore 33 Years		D. STREET ADDRESS (If rural, give location) 251 So. Hilton St.			
5. SEX female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 2	9. AGE (In years last birthday) 47	10. Under 1 Year Months: Days 9
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10B. KIND OF BUSINESS OR INDUSTRY ?		11. BIRTHPLACE (State or foreign country) Plymouth, Pa.	
13. FATHER'S NAME Petroski		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No.		16. SOCIAL SECURITY NO. 219-28-5193		17. INFORMANT ADDRESS Anthony G. Strange 215 So. Hilton	
18. 193 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Plasma Cell Myeloma DUE TO Thoracic region of spinal cord.		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH 6 months	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C) DUE TO			
19A. DATE OF OPERATION June 1951		19B. MAJOR FINDINGS OF OPERATION Plasma Cell Myeloma dorsal spinal region		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12-5-1951 to 1-31-1952 , that I last saw the deceased alive on 1-29-1952 , and that death occurred at 12:05 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE John P. Unluck, Jr.		23B. ADDRESS 1227 Wash Blvd		23C. DATE SIGNED 27 52	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE Feb. 4-52.		24C. NAME OF CEMETERY OR CREMATORY New Cathedral	
24D. LOCATION (City, town, or county) (State) Frederick Ave.		25. FUNERAL DIRECTOR Huntington Williams, M.D. 3646 Carroll Ave.			
DATE RECEIVED BY LOCAL REGISTRAR FEB 1 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			



BE APPROVED BY MEDICAL EXAMINER
BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 52 1004

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Skicki, Fannie Eileen

2. DATE
OF
DEATH

January 31, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

St. Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 13

D. STREET ADDRESS (If rural, give location)

1409 N. Potomac St.

c. Length of stay in Baltimore

life

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Separated

8. DATE OF BIRTH

March 4 1921

9. AGE (In years
last birthday)

30

10. Under 1 Year
Months: Days

10 27

11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Own home

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Alfredo Matani

14. MOTHER'S MAIDEN NAME

Maria Matani

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Albin Skicki 1409 N. Potomac St.

18. 585X and E 954.7 CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral anoxemia

DUE TO

Cardiac arrest due to

ANTECEDENT CAUSES

(B)

Spinal anesthesia

DUE TO

Stoney H. Dinkelman M.D.

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.INTERVAL BETWEEN
ONSET AND DEATH

40 hrs.

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.Operation was to have been performed for
acute obstructive cholecystitis (ac. gall bladder cond)

19A. DATE OF OPERATION

1-29-52

19B. MAJOR FINDINGS OF OPERATION

Operation not completed

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

St. Joseph's Hosp.

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

St. Joseph's Hospital - 1409 N. Cal. St.

21D. TIME (Month) (Day) (Year) (Hour)

Jan. 29, 1952 1p. m.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Profound shock during spinal

22. I hereby certify that I attended the deceased from January 28, 1952, to January 31, 1952, that I last saw the
deceased alive on Jan. 31, 1952, and that death occurred at 8:10a m., from the causes and on the date stated above.

23A. SIGNATURE

J. Joseph Kregini

M. D.

23B. ADDRESS

1400 N. Caroline St.

23C. DATE SIGNED

1-31-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 2 1952

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery

24D. LOCATION (City, town, or county) (State)

4430 Belair Rd. Balt. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 1 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. Joseph Kregini

ADDRESS

322 S. High St.

VS 150

N-999.2

127a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and only.

MEDICAL CERTIFICATION

Phoned St. Joseph's - information from Record Room

2/5/52 ES

see also [unclear]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 1005**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ROBERT EDWARD OLIVER

2. DATE
OF
DEATH

Feb. 1, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE **Virginia**

B. COUNTY **Y-43**

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR **US Public Health Service**
INSTITUTION **Hospital**

Wyman Pk. Drive & 31st St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Crewe

D. STREET ADDRESS (If rural, give location)

207 W. Caroline Avenue

C. Length of stay in Baltimore

? 25 days

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

Single

8. DATE OF BIRTH

1/28/20

9. AGE (In years

31

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Messman

10B. KIND OF BUSINESS OR INDUSTRY

Seafarer

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF

USA

13. FATHER'S NAME

Richard Oliver

14. MOTHER'S MAIDEN NAME

Edna Dee

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

?

16. SOCIAL SECURITY NO.

227-12-8966

17. INFORMANT

ADDRESS

Records- US PHS Hospital, Balto, Md.

18.

422.2

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Cardiac insufficiency of undetermined cause**

INTERVAL BETWEEN ONSET AND DEATH
Approx. 8 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Obesity**

Unknown

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **Jan. 7**, 19**52**, to **Feb. 1**, 19**52**, that I last saw the deceased alive on **Feb. 1**, 19**52** and that death occurred at **2:30 A. m.**, from the causes and on the date stated above.

23A. SIGNATURE OF **Richard A. Saavedra, SA Surgeon**

M. D.

23B. ADDRESS **US PHS Hospital, Balto, Md.**

23C. DATE SIGNED **2/1/52**

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

2/1/52

24C. NAME OF CEMETERY OR CREMATORY

Crewe Cem.

24D. LOCATION (City, town, or county)

Crewe, Va.

DATE RECEIVED BY LOCAL REGISTRAR

FEB 1 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Pickens & Sons

ADDRESS

95c Balto 17, Md

100% COTTON
MADE IN U.S.A.
WATTE
COMBEE

Blank lined paper with three binder holes on the right edge.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 1006
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Annie Brooks

2. DATE
OF
DEATH

Jan. 30, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

Maryland

B. COUNTY

before admission

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Baltimore City Hospitals

4940 Eastern Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Rural-Crownsville

D. STREET ADDRESS (If rural, give location)

Crownsville State Hospital

C. Length of stay in Baltimore

?

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

?

8. DATE OF BIRTH

? ? ?

9. AGE (In years last birthday)

61

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

?

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

?

?

14. MOTHER'S MAIDEN NAME

?

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT Baltimore City Hospitals
Records: 4940 Eastern Avenue

18. E904.71

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebro vascular accident

DUE TO

1 wk.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

CERTIFICATION APPROVED BY

William J. Lloyd, M.D.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

12-4-51

19B. MAJOR FINDINGS OF OPERATION

Fracture Left Femur

CHIEF OR ASST. MEDICAL EXAMINER.

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER- LYNING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

Hospital

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Crownsville, Md.

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

12-3-51

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Was pushed by another inmate

22. I hereby certify that I attended the deceased from 12-3, 1951, to 1-30, 1952, that I last saw the deceased alive on 1-30, 1952, and that death occurred at 1:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

W. J. Lloyd

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

1-31-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/4/52

24C. NAME OF CEMETERY OR CREMATORY

Saint Peter Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

FEB 1 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

W. J. Lloyd

ADDRESS

VS 150

TO BE APPROVED BY THE MEDICAL EXAMINER

N-820.1

186a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

BATHING AND HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Name of Deceased

Date of Death

Place of Death

Cause of Death

Age at Death

Sex

Race

Marital Status

Occupation

Education

Religion

Date of Burial

Place of Burial

Name of Burial Place

Signature of Registrar

Signature of Medical Officer

Signature of Coroner

Signature of Justice of the Peace

Signature of Minister of the Gospel

Signature of Minister of the Gospel

Signature of Minister of the Gospel

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Signature of Minister of the Gospel

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1007

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Elmore Walter Brown

2. DATE
OF
DEATH

Jan 31, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

1111 Rutland Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1111 Rutland Ave

c. Length of stay in Baltimore

40 yrs

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

April 3, 1877

9. AGE (In years
last birthday)

75

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired Shipyard

10B. KIND OF BUSINESS OR
INDUSTRY

Operator Bethlehem Shipyard

11. BIRTHPLACE (State or foreign country)

Va

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Jeff Brown

14. MOTHER'S MAIDEN NAME

Myra

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Elmore J. Brown, 1830 Lexington

18. 4 yrs

CAUSE OF DEATH

nyc.

INTERVAL BETWEEN
ONSET AND DEATH

4 mo.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-22 1952, to 1-31 1952, that I last saw the
deceased alive on 1-29 1952, and that death occurred at 7:50 m., from the causes and on the date stated above.

23A. SIGNATURE

George H. Adams

M. D.

23B. ADDRESS

2327 W. North

23C. DATE SIGNED

2-6-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Removal 3/4/52

24C. NAME OF CEMETERY OR CREMATORY

Remington

24D. LOCATION (City, town, or county)

Va.

DATE RECEIVED BY
LOCAL REGISTRAR

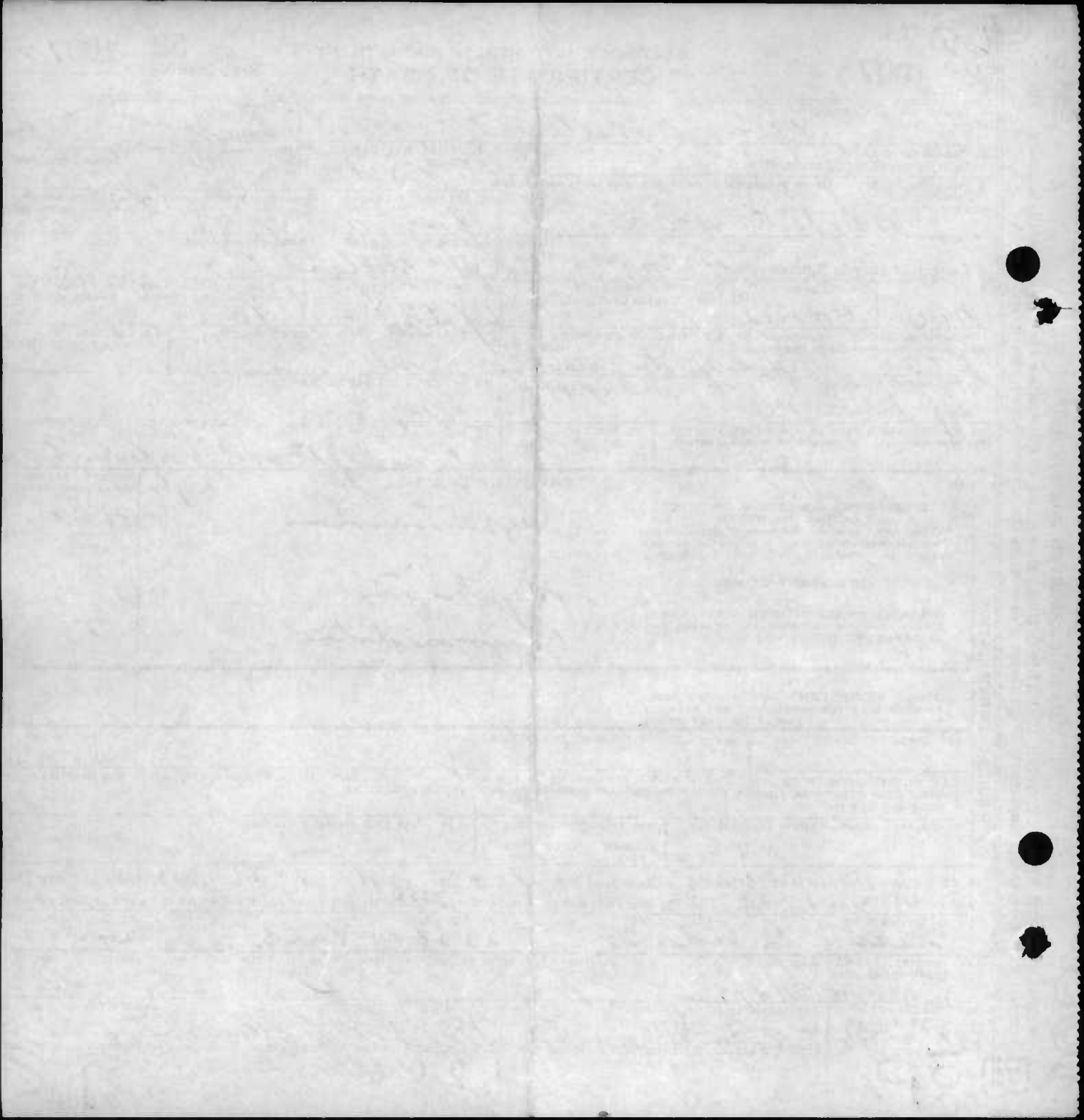
REGISTRAR'S SIGNATURE

Huntington, Williams, M.D.

25. FUNERAL DIRECTOR

Mrs. L. G. Ellinger

FEB 1 1952



R-52400
1008

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1008

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Edward Reilly			2. DATE OF DEATH January 31, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Mich. B. COUNTY V-19		
B. FULL NAME OF (If not in hospital or institution, give street address or location) JOHNS HOPKINS HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Detroit		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 6196 Anny Ave.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11-21-93		9. AGE (In years last birthday) 58
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Routing Clerk			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Indiana
13. FATHER'S NAME Edward Reilly			14. MOTHER'S MAIDEN NAME Jean Dunn		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT JOHNS HOPKINS HOSPITAL

18. 470.0 and 196X		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Acute myocardial failure		10 min	
ANTECEDENT CAUSES		DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Coronary thrombosis		10 min	
		DUE TO			
		(C) Arteriosclerotic heart disease		5 yr.	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Sarcoma of Ribs with generalized metastases						7 mos.	
19A. DATE OF OPERATION 1/30/52		19B. MAJOR FINDINGS OF OPERATION Left prefrontal lobotomy				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1-28 , 1952, to 1-31 , 1952, that I last saw the deceased alive on 1-31 , 1952, and that death occurred at 5:55 p.m. , from the causes and on the date stated above.							
23A. SIGNATURE James H. MacMahon				23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 2/1/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE 2/1/52		24C. NAME OF CEMETERY OR CREMATORY Bethesda		24D. LOCATION (City, town, or county) (State) Vigo County, Indiana	
DATE RECEIVED BY LOCAL REGISTRAR FEB 1 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Wm. Cook, Inc., 1212 E. Paul St.			

VS 150

39066

55B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

800

[Faint, illegible handwriting throughout the page]



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 1009**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ANDREW JOHN KIRSCH		2. DATE OF DEATH Jan. 31, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE New Jersey B. COUNTY V-27	
B. FULL NAME OF HOSPITAL OR INSTITUTION US Public Health Service Hospital Wyman Pk. Drive & 31st Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) North Bergen	
D. STREET ADDRESS (If rural, give location) 6605 Bergenwood Avenue			
c. Length of stay in Baltimore ? 112 days		Yrs. Mos. Days	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3/10/89
9. AGE (In years last birthday) 62		10. UNDER 1 Year Months Days	11. UNDER 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer		10B. KIND OF BUSINESS OR INDUSTRY seafarer	
11. BIRTHPLACE (State or foreign country) NY		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Anthony Kirsch		14. MOTHER'S MAIDEN NAME Anna ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) ?		16. SOCIAL SECURITY NO. 713-09-2417	
17. INFORMANT Records- US PHS Hospital, Balto, Md.		ADDRESS	

18. 161X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of larynx DUE TO		INTERVAL BETWEEN ONSET AND DEATH ? 6 mos.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Asplastic anemia DUE TO		? 6 mos.
(C) Branchopneumonia		2 days
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (a. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Oct. 11 , 19 51 to Jan. 31 , 19 52 that I last saw the deceased alive on Jan. 31 , 19 52 , and that death occurred at 4:35 PM from the causes and on the date stated above.				
23A. SIGNATURE John L. Wilson, Medical Director		23B. ADDRESS US PHS Hospital, Balto, Md.		23C. DATE SIGNED 2/1/52
24A. BURIAL, CREMATION, REMOVAL (Specify) removal	24B. DATE 2/1/52	24C. NAME OF CEMETERY OR CREMATORY Madonna Cemetery	24D. LOCATION (City, town, or county) (State) Fort Lee, New Jersey	

DATE RECEIVED BY LOCAL REGISTRAR FEB 1 1952	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR McCook, Inc.	ADDRESS 1217 St. Paul Street
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VS 150

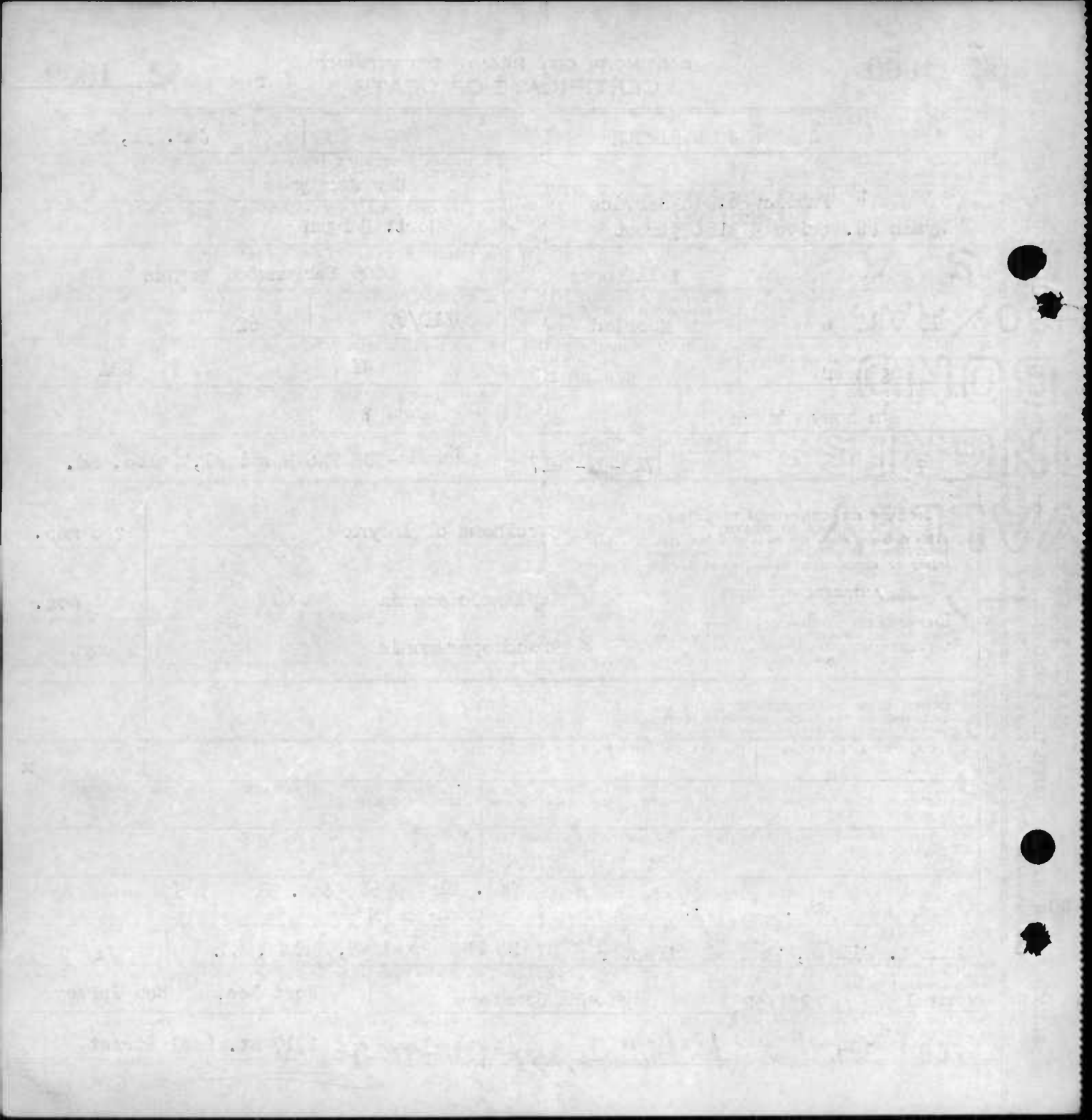
240 55

47a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and in brief.

RG



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1010
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JANE JENKINS

2. DATE
OF
DEATH

January 31, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

1003 N. Broadway

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1003 N. Broadway

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Feb. 1, 1899

9. AGE (In years
last birthday)

52

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Waitress

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Denver, Colorado

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Carroll

14. MOTHER'S MAIDEN NAME

Mary Cafferty

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Robert Carroll, 2034 E. Biddle Street

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Uremia and Dehydration

DUE TO Encephalomalacia

DUE TO Cerebral Embolism

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. Fisher

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
2/1/5224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

2/4/52

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery

24D. LOCATION (City, town, or county) (State)

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 1 1952

REGISTRAR'S SIGNATURE

Huntington Walker, M.D. Wm. Cook, Inc.

25. FUNERAL DIRECTOR

ADDRESS

1217 St. Paul Street

VS 151

784 6M

8212 ✓

MARGIN RESERVED FOR BINDING

PLEASE PRINT FULLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

52 1011

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)(VIRGINIA)
Edna BURLEY2. DATE
OF
DEATH

1/31/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

UNIVERSITY Hosp

C. Length of stay in Baltimore

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE B. COUNTY before admission)

MD

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 16-01

D. STREET ADDRESS (If rural, give location)

1133 Carrollton Ave

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

D

8. DATE OF BIRTH

Feb. 14 - 1900

9. AGE (In years
last birthday)

51

If Under 1 Year
Months Days

11 17

If Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Designer

10B. KIND OF BUSINESS OR
INDUSTRY

Artificial Flowers

11. BIRTHPLACE (State or foreign country)

Balt. Md.

12. CITIZEN OF
WHAT COUNTRY?

U. S.

13. FATHER'S NAME

Harry Johnson

14. MOTHER'S MAIDEN NAME

Bessie Chandler

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Virginia Watty - 1133 Carrollton Ave

18. 332X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral Thrombosis

24 hrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Generalized Arteriosclerosis

yrs.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.Aortic
Narrow Stenosis

2 yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT NOT WHILE
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from 1/30/52, 19, to 1/31/52, 19, that I last saw the
deceased alive on 1/31/52, 19, and that death occurred at 11:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Robert J. Messer

M. D.

23B. ADDRESS

University Hosp.

23C. DATE SIGNED

1/31/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 4-52

24C. NAME OF CEMETERY OR CREMATORY

Parkview

24D. LOCATION (City, town, or county)

Balt.

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

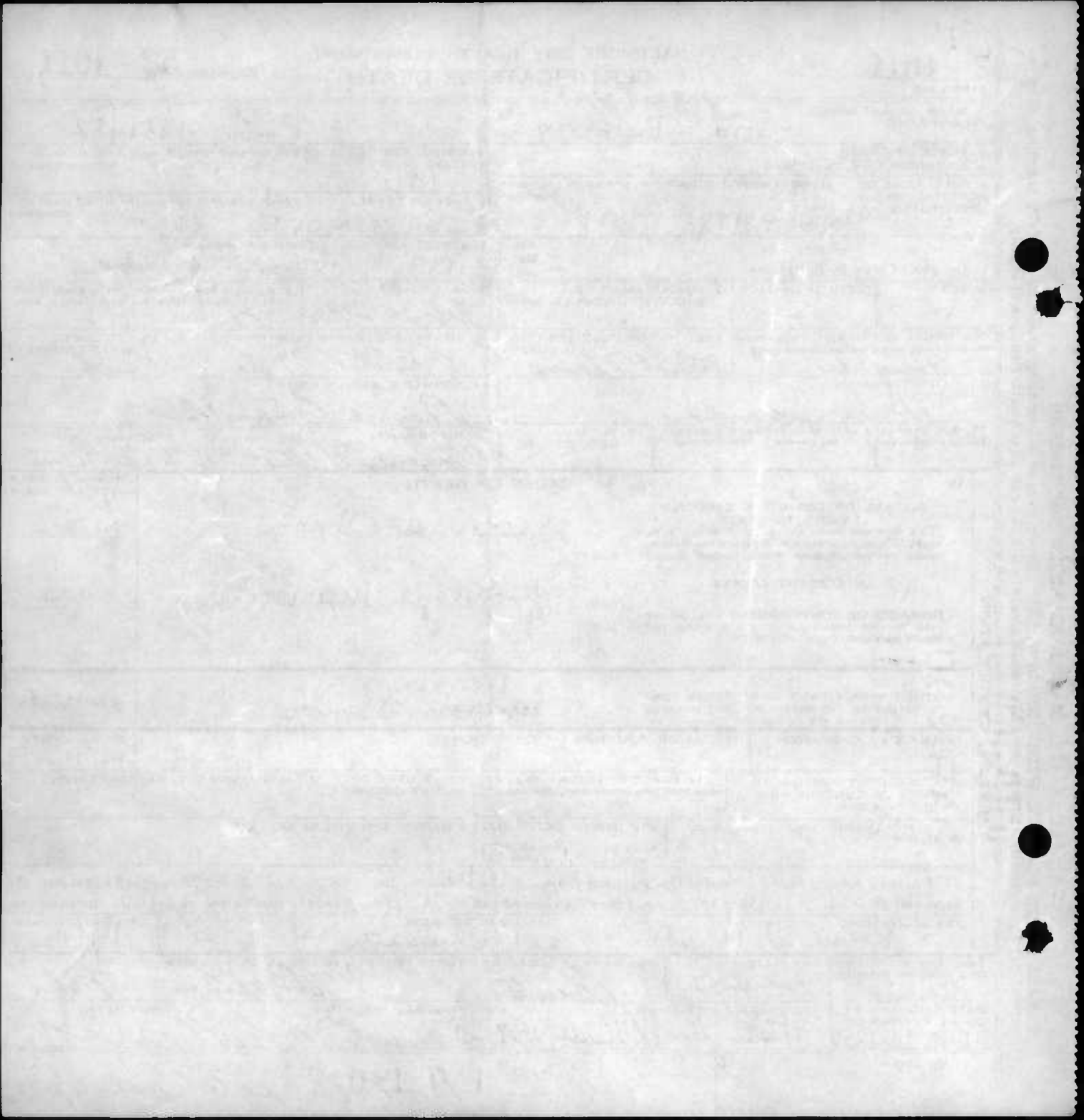
FEB 1 1952

Huntington Williams, M.D.

Samuel W. Sullivan

VS 150

033 032 1 01170 Huntington Ave 92a



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **52 1012**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**Keimig, Barbara E. (Barbara E. Keimig)**2. DATE
OF
DEATH**1-30-52**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

City5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)**I400 N. Caroline Street****St. Joseph's Hospital**

C. CITY OR TOWN (If outside corporate limits, write R.U.R.L. and give township)

Baltimore 2

D. STREET ADDRESS (If rural, give location)

935 Wilmot Court

c. Length of stay in Baltimore

Life

5. SEX

Female

6. COLOR OR RACE

White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**Single**

8. DATE OF BIRTH

May 27th., 18839. AGE (In years
last birthday)**68**10. Under 1 Year
Months: Days: Hours: Min.**8****3****3****Min.**10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**At Home**10B. KIND OF BUSINESS OR
INDUSTRY**Own home**

11. BIRTHPLACE (State or foreign country)

Baltimore12. CITIZEN OF
WHAT COUNTRY?**U.S.A.**

13. FATHER'S NAME

John Keimig

14. MOTHER'S MAIDEN NAME

Mary Schneider15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)**No****None**16. SOCIAL
SECURITY NO.**None**

17. INFORMANT

Mr. Leo J. Keimig-935 Wilmot Court

ADDRESS

18.

443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) **Cerebral Hemorrhage**

DUE TO

Hypertensive Cardiovascular disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C) **Generalized Arteriosclerosis**OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **1-24**, 19**52** to **1-30**, 19**52** that I last saw the
deceased alive on **1-30**, 19**52** and that death occurred at **2:05** Pm., from the causes and on the date stated above.

23A. SIGNATURE

E. Paul Coffey Jr. M. D.

23B. ADDRESS

1400 N. Caroline St.

23C. DATE SIGNED

1-30-5224A. BURIAL, CREMA-
TION, REMOVAL (Specify)**Burial**

24B. DATE

Feb. 2nd., 1952

24C. NAME OF CEMETERY OR CREMATORY

Most Holy Redeemer Cemetery - Belair Rd. Balto:md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

George J. Ruth, Inc. - 1735 Harford Avenue

ADDRESS

VS 150

104520301011**93D**

1015

RECEIVED

CERTIFICATE OF DEATH

1015

1015

1015

1015

1015

1015

1015

1015

1015

1015

1015

1015

1015

1015

1015

1015

1015

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

52 1013

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

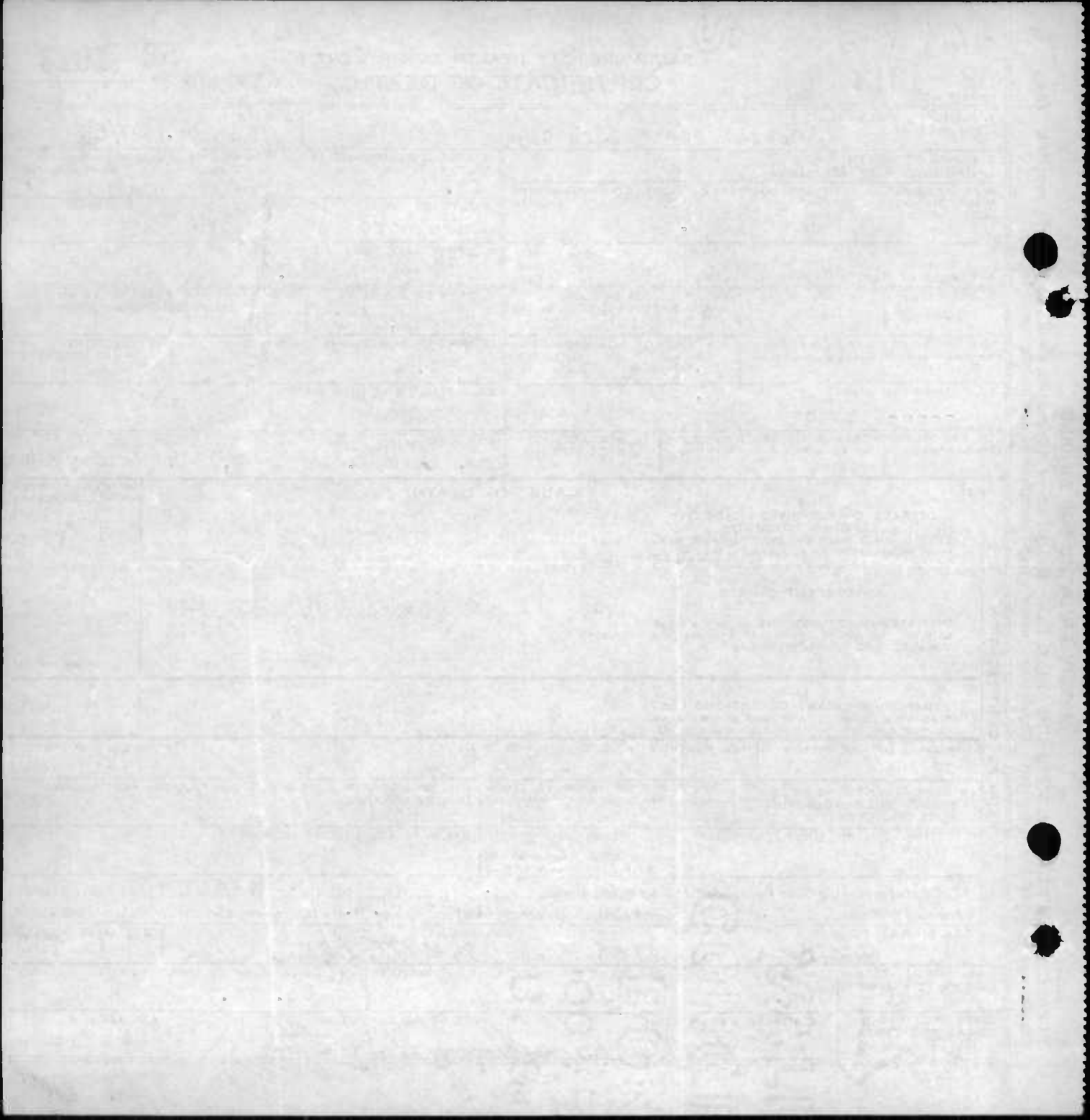
52 1013
Registered No.

1. NAME OF DECEASED (Type or Print) Carvil Mason Carback			2. DATE OF DEATH Jan. 30/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY 19-04		
B. FULL NAME OF HOSPITAL OR INSTITUTION 1817 Ramsay St.			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore		
C. Length of stay in Baltimore Life Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1817 Ramsay St.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 7, 1896		9. AGE (In years last birthday) 55 If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman		10B. KIND OF BUSINESS OR INDUSTRY Gen. Gas & Electric		11. BIRTHPLACE (State or foreign country) Md.	
13. FATHER'S NAME -----Carback			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mrs. Anna E. Carback, 1817 Ramsay St	
18. 260X 1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis DUE TO ANTECEDENT CAUSES Diabetes Mellitis (contributing) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH 1 day		
19A. DATE OF OPERATION 6		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Sept. 28, 1951 to Jan. 30, 1952 , that I last saw the deceased alive on Jan. 19, 1952 , and that death occurred at 5:40 P.M. from the causes and on the date stated above.					
23A. SIGNATURE Albert Kromsch		23B. ADDRESS 1934 Wilkins Ave		23C. DATE SIGNED FEB 1 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Feb. 2/52		24C. NAME OF CEMETERY OR CREMATORY Louisa Park	
24D. LOCATION (City, town, or county) (State) Balto. Md.		24E. FUNERAL DIRECTOR Edmondson Ave			
DATE RECEIVED BY LOCAL REGISTRAR FEB 1 1952		REGISTRAR'S SIGNATURE Huntington Williams		24F. FUNERAL DIRECTOR Edmondson Ave	

VS 150

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 1014
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

STEWART

E.

McCULLOUGH

2. DATE
OF
DEATH

Jan. 30, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Franklin Square Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

O. STREET ADDRESS (If rural, give location)

4019 W. Franklin Street

C. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

June 21, 1898

9. AGE (In years last birthday)

53

10. Under 1 Year
Months Days

11. Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)

Log Shelter

10B. KIND OF BUSINESS OR INDUSTRY

Barb. City

11. BIRTHPLACE (State or foreign country)

Ind

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Harry McCullough

14. MOTHER'S MAIDEN NAME

Katherine Monahan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Elizabeth McCullough

18.

E 974X

CAUSE OF DEATH

4019 W. Franklin

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Asphyxia
DUE TO hanging

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

4019 W. Franklin Street

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

Jan. 30, 1952 8:30 P. M.

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Hanged self from rafter with clothesline

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Duncanson M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Jan. 31, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 2/52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral, Balto. 29. Md

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 1 1952

Huntington Williams, 4101 Edmondson

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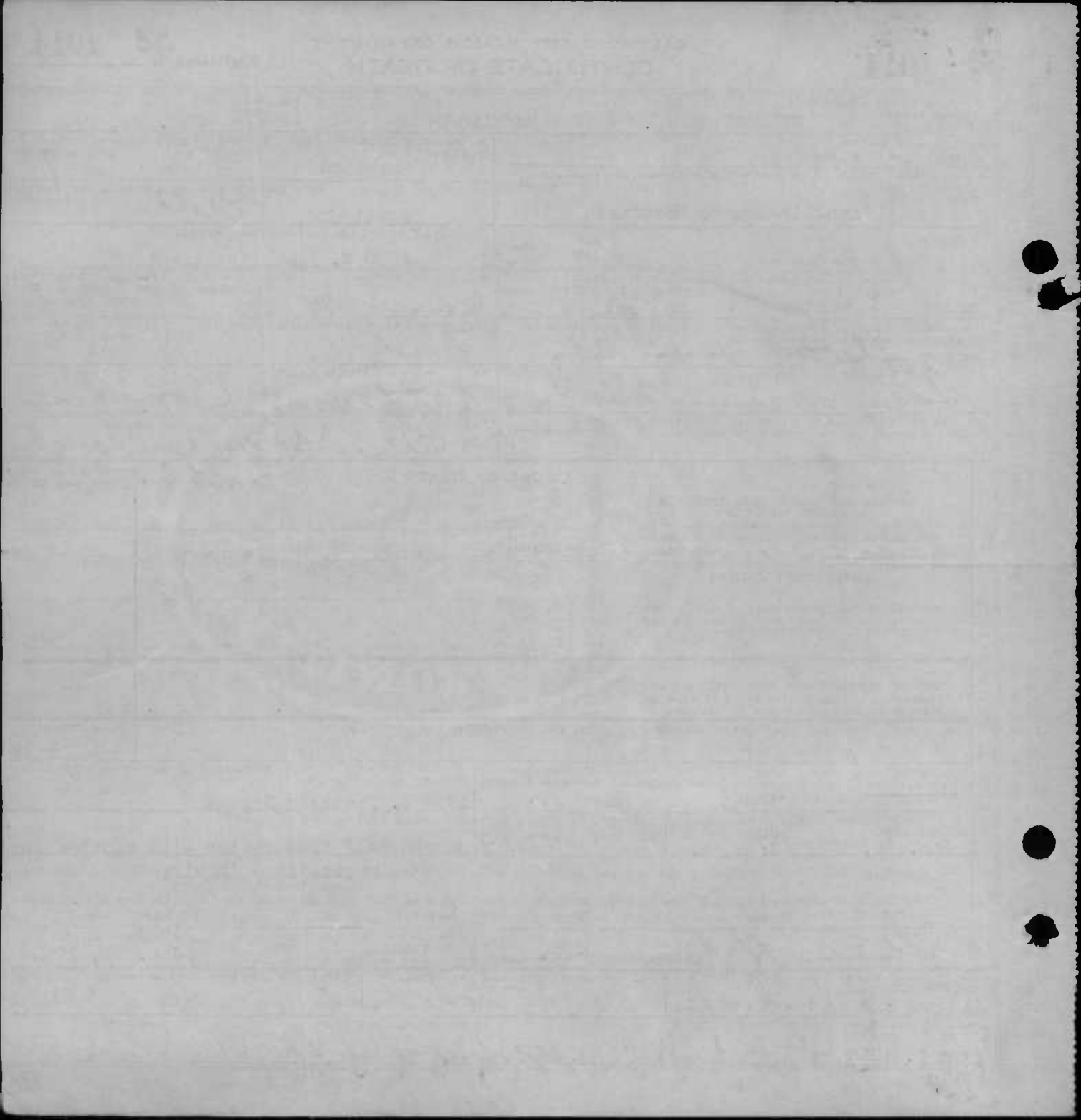
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



CERTIFICATE CORRECTED 3-6-53

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 52 1015

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MRS. ROSARIO LUCIDO

2. DATE
OF
DEATH

1/30/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

BON SECOURS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 29, MARYLAND

D. STREET ADDRESS (If rural, give location)

840 AUGUSTA AVE.

c. Length of stay in Baltimore

31 Years

Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

11/22/77

9. AGE (In years)

74

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

AT HOME

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

ITALY

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME
SAMUEL PRESTI

14. MOTHER'S NAME

FRANCES CULLOTA

Culotta

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

MRS. ROSE MUSACCHIO DAUGHTER 400 NORMANDIE AVE.

18. 443 X 1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) HYPERTENSIVE C.V. DISEASE

QUE TO

ANTECEDENT CAUSES

ARTERIOSCLEROSIS

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

UREMIA

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from January 6, 1952, to January 30, 1952, that I last saw the deceased alive on January 30, 1952, and that death occurred at 8:15 am., from the causes and on the date stated above.

23A. SIGNATURE

David Legate

23B. ADDRESS

Bon Secours Hospital

23C. DATE SIGNED

1/30/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Feb. 2/52

New Cathedral, Balto. 29. Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 1 1952

Huntington Williams

Harry H. Guizhe

4101 Edmondson

VS 150

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 1016**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Philip Smith

2. DATE
OF
DEATH

1-24-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

md Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

University Hospital

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1108 Laurens St.

c. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Apr. 26, 1941

9. AGE (In years last birthday)

11 yr.

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Baltimore md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Leroy Smith

14. MOTHER'S MAIDEN NAME

Mary Alice Wellens

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Father

ADDRESS

1108 Laurens St.

18. *353.1*

CAUSE OF DEATH

Cortical Phlebotrombosis

INTERVAL BETWEEN ONSET AND DEATH

Day(?)

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Status Epilepticus

yr ??

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *1-24-52*, 19*52*, to *1-24*, 19*52*, that I last saw the deceased alive on *1-24*, 19*52*, and that death occurred at *10:30 pm.*, from the causes and on the date stated above.

23A. SIGNATURE

Roger D. Seart

23B. ADDRESS

University Hospital

23C. DATE SIGNED

1-24-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/4/52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR

FEB 1 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Washington & Jackson Paine and

ADDRESS

816

85

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. Name of deceased: *John Doe*

2. Sex: *Male*

3. Age: *45*

4. Date of death: *Jan 15, 1950*

5. Place of death: *Home*

6. Cause of death: *Heart Disease*

7. Signature of physician: *Dr. J. B. Smith*

8. Signature of registrar: *John Doe*

9. Signature of informant: *John Doe*

10. Signature of witness: *John Doe*

11. Signature of witness: *John Doe*

12. Signature of witness: *John Doe*

13. Signature of witness: *John Doe*

14. Signature of witness: *John Doe*

15. Signature of witness: *John Doe*

16. Signature of witness: *John Doe*

17. Signature of witness: *John Doe*

18. Signature of witness: *John Doe*

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 1017**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Clarence C. Hellen

2. DATE
OF
DEATH

Jan. 31, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

279 Springfield Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

279 Springfield Ave.

C. Length of stay in Baltimore

? ?

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

3/1/81

9. AGE (In years last birthday)

70

10 Under 1 Year
Months: Days

11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired (Store room clerk)

10B. KIND OF BUSINESS OR INDUSTRY

Factory

11. BIRTHPLACE (State or foreign country)

Washington D.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William F. Hellen

14. MOTHER'S MAIDEN NAME

? ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

?

(If yes, give war or dates of service)

?

16. SOCIAL SECURITY NO.

?

17. INFORMANT

ADDRESS

Mrs Mary Hellen 279 Springfield Ave

18.

420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

DUE TO

(A) Acute Coronary Occlusion 8 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

**(B) Chronic myocarditis 5 yrs.
Arteriosclerotic Cardio 5 yrs.
Vascular disease**

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **Jan. 30, 1952** to **Jan. 31, 1952** that I last saw the deceased alive on **Jan. 31, 1952** and that death occurred at **10:15 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE

Lloyd E. Saylor M.D.

23B. ADDRESS

3902 Greenmount av.

23C. DATE SIGNED

Feb. 1, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/2/52

24C. NAME OF CEMETERY OR CREMATORY

Rock Creek Cem.

24D. LOCATION (City, town, or county)

Washington D.C.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Welliquis, M.D.

25. FUNERAL DIRECTOR

ADDRESS

John A. Moran 3000 E. Balto. St.

FEB 1 1952

VS 150

390 581

937

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 1018****B-162**
52 1018
BIRTH NO.

1. NAME OF DECEASED (Type or Print) DEMPSEY BEAVERS				2. DATE OF DEATH February 1, 1952			
3. PLACE OF DEATH: <input checked="" type="checkbox"/> Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MD B. COUNTY Harford			
5. FULL NAME OF HOSPITAL OR INSTITUTION Maryland General Hospital				6. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Harre De Grace			
7. Length of stay in Baltimore few years				8. STREET ADDRESS (If rural, give location) 6235			
9. SEX male	10. COLOR OR RACE white	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	12. DATE OF BIRTH July 16, 1883	13. AGE (In years last birthday) 69	14. Under 1 Year Months: Days	15. Under 24 Hours Hours: Min.	
16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		17. KIND OF BUSINESS OR INDUSTRY none		18. BIRTHPLACE (State or foreign country) Ohio		19. CITIZEN OF WHAT COUNTRY? U.S.A.	
20. FATHER'S NAME JOHN Beavers				21. MOTHER'S MAIDEN NAME Trigga			
22. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		23. SOCIAL SECURITY NO.		24. INFORMANT Hospital Records		25. ADDRESS	
26. 18. 154X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Carcinoma of the Recto-sigmoid with metastasis to liver & Ascitis - DUE TO (B) DUE TO (C)				27. INTERVAL BETWEEN ONSET AND DEATH			
28. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
29. 19A. DATE OF OPERATION		30. 19B. MAJOR FINDINGS OF OPERATION				31. 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
32. 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		33. 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		34. 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
35. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		36. 21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		37. 21F. HOW DID INJURY OCCUR?			
38. 22. I hereby certify that I attended the deceased from 1/21 , 19 52 to 2/1 , 19 52 , that I last saw the deceased alive on 2/1 , 19 52 and that death occurred at 8:30 a.m., from the causes and on the date stated above.							
39. 23A. SIGNATURE Lulu Baker				40. 23B. ADDRESS M.D. Maryland General Hospital		41. 23C. DATE SIGNED 2/1/52	
42. 24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		43. 24B. DATE 2/3/52		44. 24C. NAME OF CEMETERY OR CREMATORY Angel Hill Cem		45. 24D. LOCATION (City, town, or county) (State) Harre de Grace Md	
46. DATE RECEIVED BY LOCAL REGISTRAR FEB 1 1952		47. REGISTRAR'S SIGNATURE Huntington Williams, M.D.		48. 25. FUNERAL DIRECTOR Pennington & Son			
				49. ADDRESS Harre de Grace Md			

1018

CHARTER OF DEATH

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 1019**

52 1019

1. NAME OF DECEASED (Type or Print) BERTHA WAHL			2. DATE OF DEATH January 30, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION Harford Nursing Home			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) R- Baltimore (Kingsville, Md.)		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 5300		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH June 15, 1874		9. AGE (In years, last birthday) 77
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10B. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Charles Gimm			14. MOTHER'S MAIDEN NAME Caroline ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. ?	17. INFORMANT 3223 Montebello Terrace Mrs. May Reapsomer		

18. 414X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Valvular Heart disease DUE TO Chronic Arthritis DUE TO (C)			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Nov. 2 , 19 51 , to Jan. 30 , 19 52 , that I last saw the deceased alive on Jan. 29 , 19 52 , and that death occurred at 9 P. m., from the causes and on the date stated above.					
23A. SIGNATURE Lucius Fisher		23B. ADDRESS 1823 N. Washington St.		23C. DATE SIGNED 2/1/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 2/2/52	24C. NAME OF CEMETERY OR CREMATORY Druid Ridge Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR FEB 2 - 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR HENRY SANDER & SONS, INC.		ADDRESS BALTO., 13, MD.	

VS 150

92c

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

520
52 1020BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1020
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANNA MARIE HONECK

2. DATE
OF DEATH

Jan. 31, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

3317 E. Baltimore Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3317 E. Baltimore Street

c. Length of stay in Baltimore

70 yrs

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE. MARRIED.

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

July 10, 1863

9. AGE (In years last birthday)

88

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR INDUSTRY

at Home

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Jacob Beck

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

no

16. SOCIAL SECURITY NO.
none17. INFORMANT 3317 E. Baltimore Street
Miss Carrie L. Honeck

18.

170x1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Pulmonary Metastases

INTERVAL BETWEEN ONSET AND DEATH

2 yrs

6 mos

19A. DATE OF OPERATION

0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 5, 1950, to Jan 31, 1952 that I last saw the deceased alive on Jan 24, 1952, and that death occurred at 6:10 A.M., from the causes and on the date stated above.

23A. SIGNATURE

F. H. Harman

M. D.

23B. ADDRESS

1710 E 33rd St

23C. DATE SIGNED

2-1-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

2/2/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cemetery Baltimore, Md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

FEB 2 - 1952

REGISTRAR'S SIGNATURE

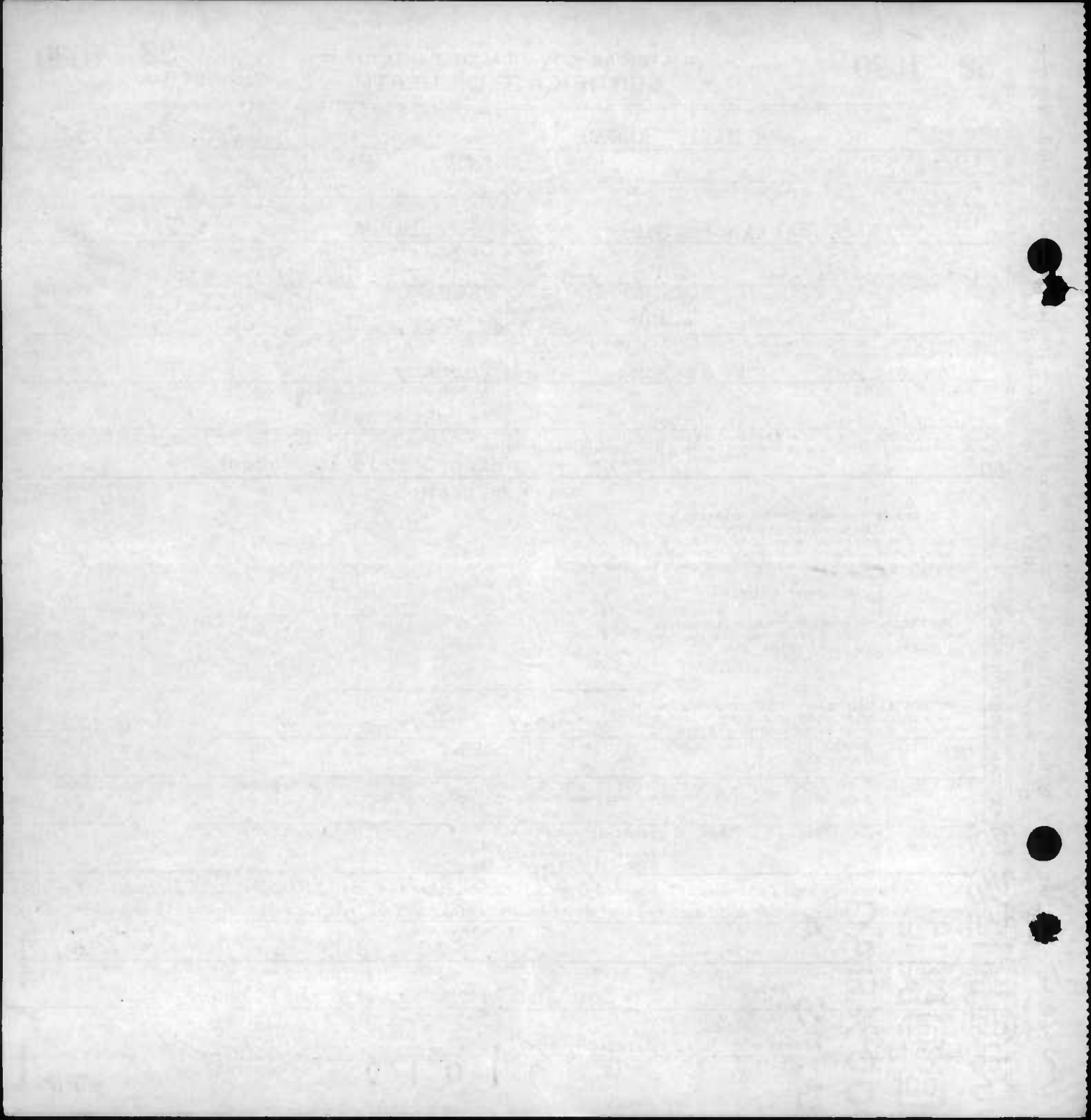
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.
BALTO., 13, MD.

ADDRESS

Seymour Sander



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 1021
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

DAMM Mrs. Mennie (MINNIE L. DAMM)

2. DATE
OF
DEATH

Jan. 30, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Church Home Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

Maryland

B. COUNTY

Baltimore

B. FULL NAME OF

(If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION

Church Home Hospital

35

Baltimore 31

md.

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

Maryland

D. STREET ADDRESS (If rural, give location)

904 N. Kusan St.

C. Length of stay in Baltimore

66 years

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

B. DATE OF BIRTH

Dec. 17, 1885

9. AGE (In years

last birthday)

66 yrs.

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of

work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR

INDUSTRY

Housewife

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF

WHAT COUNTRY?

U. S.

13. FATHER'S NAME

Penn Mr. James

14. MOTHER'S MAIDEN NAME

Carole Miss Elizabeth

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL

SECURITY NO.

216-16-8206-A

17. INFORMANT

ADDRESS

18. *443X I*

212-07-1902D

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY

LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral Vascular Accident

6 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Hypertensive Cardio Vascular Disease

DUE TO

(C)

INTERVAL BETWEEN

ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *Jan. 29, 1952*, to *Jan. 30, 1952*, that I last saw the deceased alive on *1/30, 1952* and that death occurred at *4 P. m.*, from the causes and on the date stated above.

23. SIGNATURE

Arthur F. Woodward

M. O.

23B. ADDRESS

Church Home Hospital

23C. DATE SIGNED

Jan. 31, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/2/52

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.

ADDRESS

BALTO., MD.

514 N. E. 1st St.

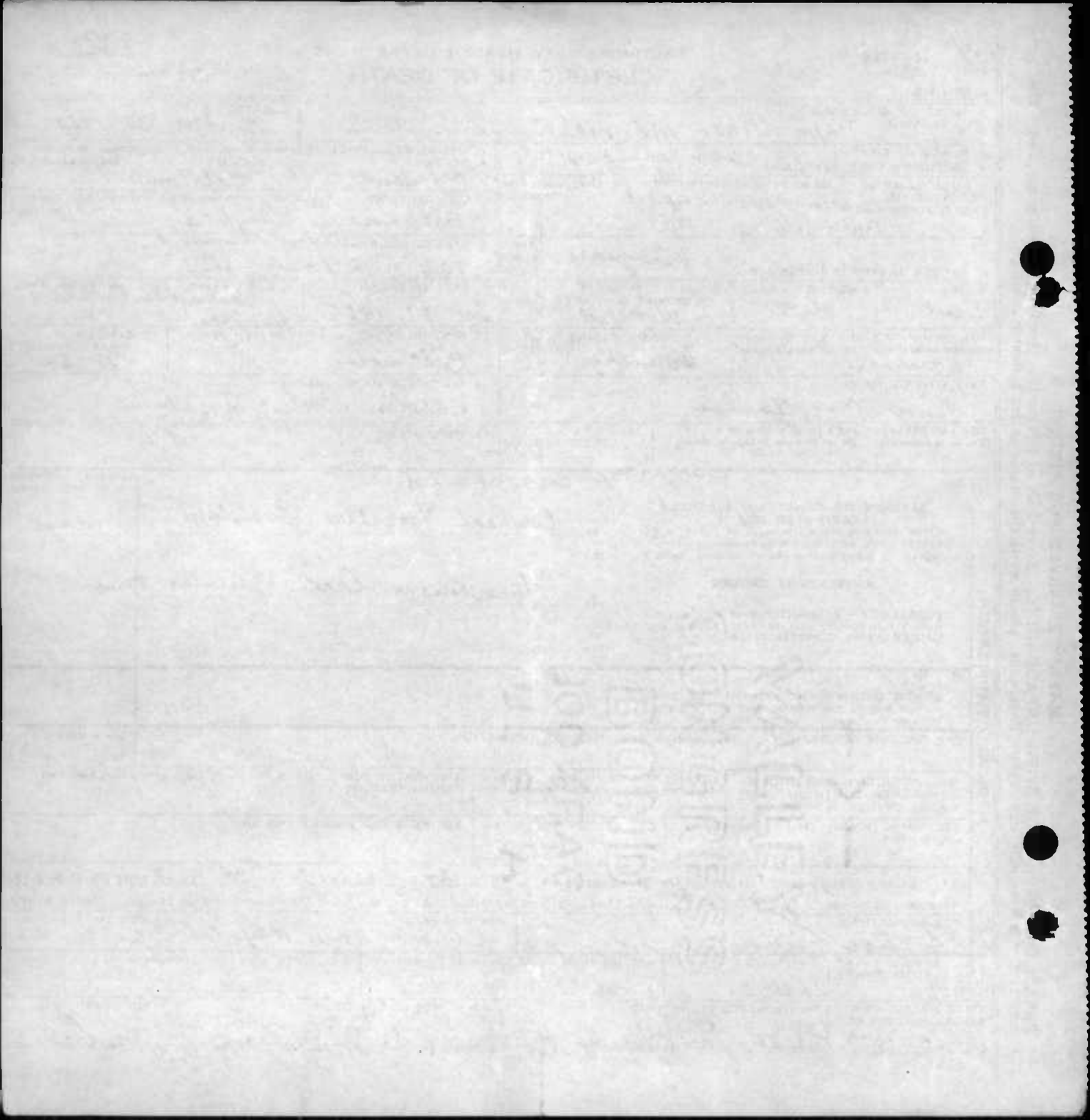
FEB 2 - 1952

VS 150

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52-1022

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES H. REIS

2. DATE
OF
DEATH

January 31, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

2224 Lamley Street

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 6-05

D. STREET ADDRESS (If rural, give location)

2224 Lamley Street

C. Length of stay in Baltimore

45 years

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Apr. 2, 1891

9. AGE (In years, last birthday)

60

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

boiler engineer

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Joseph Reis

14. MOTHER'S MAIDEN NAME

Elizabeth ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

215-10-8556

17. INFORMANT **2224 Lamley Street - 31**

Mrs. Marie R. Reis

18. **163X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary of heart

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **August**, 1951, to **1/31**, 1952, that I last saw the deceased alive on **1/31**, 1952, and that death occurred at **10 P. m.**, from the causes and on the date stated above.

23A. SIGNATURE

H. H. Groom

23B. ADDRESS

3400 E. Nelson St

23C. DATE SIGNED

2/1/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

2/4/52

24C. NAME OF CEMETERY OR CREMATORY

St. Pauls Church Cem.

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

H. H. Groom

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.

BALTO. 13, MD.

FEB 2 - 1952

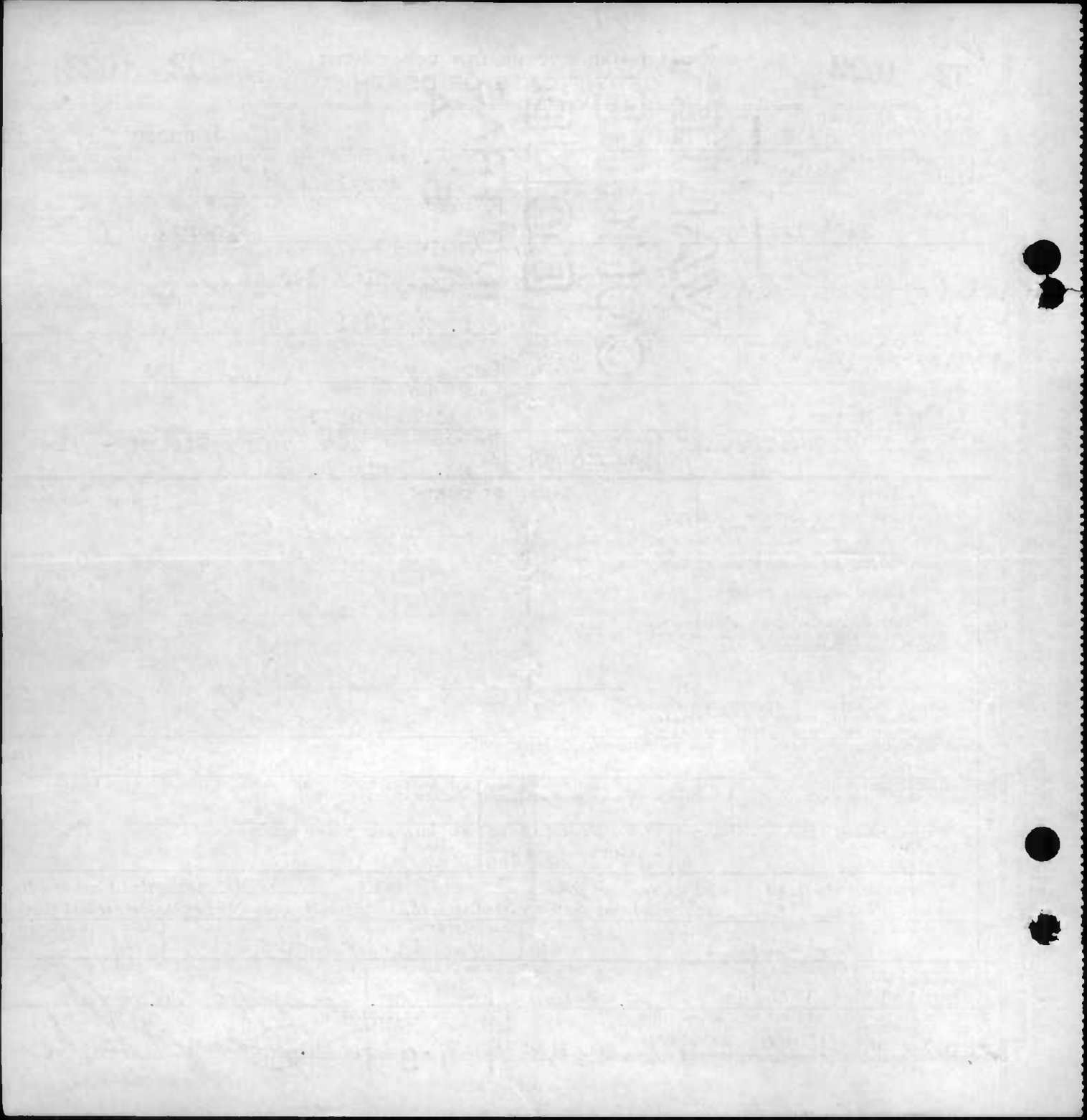
VS 150

5833D

47D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE IN PLAIN INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

250

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 52 1023

BIRTH NO. 52 1023 52-02514

1. NAME OF DECEASED (Type or Print) <i>Baby Girl Jackson</i>			2. DATE OF DEATH <i>1 Feb. 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission): A. STATE <i>Md.</i> B. COUNTY <i>26</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>57 Mercy Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
C. Length of stay in Baltimore <i>1+</i> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>4204 Woodlea Ave</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>S</i>	8. DATE OF BIRTH <i>Jan 30, 1952</i>	9. AGE (In years, last birthday)	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13. FATHER'S NAME <i>William Morris Jackson</i>			14. MOTHER'S MAIDEN NAME <i>Geraldine Fisher</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>Wm. M. Jackson, 4204 Woodlea Ave.</i>		
18. <i>776X</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Prematurity</i> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH <i>1+ day</i>		
19A. DATE OF OPERATION <i>8</i>			19B. MAJOR FINDINGS OF OPERATION		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on <i>1/31</i> , 1952, and that death occurred at <i>12:10 AM.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>L. Dale Simmons</i>			23B. ADDRESS <i>Mercy Hospital</i>		23C. DATE SIGNED <i>2/1/52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>2/2/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>St. Stanislaus</i>		24D. LOCATION (City, town, or county) (State) <i>Baltimore Maryland</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 2 - 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS <i>W. F. Sadowski, 1808 Eastern Ave Charles A. Sadowski 159</i>	

FEB 2 - 1952

VS 150

STATE OF NEW YORK
CERTIFICATE OF DEATH

1. Name of deceased: _____

2. Date of death: _____

3. Place of death: _____

4. Cause of death: _____

5. Name of physician: _____

6. Name of funeral home: _____

7. Name of next of kin: _____

8. Name of informant: _____

9. Name of registrar: _____

10. Name of registrar: _____

11. Name of registrar: _____

12. Name of registrar: _____

13. Name of registrar: _____

14. Name of registrar: _____

15. Name of registrar: _____

16. Name of registrar: _____

17. Name of registrar: _____

18. Name of registrar: _____

19. Name of registrar: _____

20. Name of registrar: _____

21. Name of registrar: _____

22. Name of registrar: _____

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 1024**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

B. FRANK JENKINS JR.

2. DATE
OF
DEATH

January 31, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Maryland**

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Mercy Hospital

C. CITY OR TOWN (If outside corporate limits, write FULL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

734 Reservoir Street

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan. 22, 1903

9. AGE (In years
last birthday)

49

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Maintenance Supt. Hynson Wescott & Dunning

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Frank B. Jenkins, Sr

14. MOTHER'S MAIDEN NAME

Susan Wells

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Frank B. Jenkins Jr. 734 Reservoir St.

18.

E776X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) **Gunshot wound of the head**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)
office building, 2nd

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR? **Hynson Westcott & Dunning
floor Charles and Chase Streets**

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY **1/31/52 6:00 P.m.**

21E. INJURY OCCURRED
WHILE AT ☒ WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?
Firearms

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, **suicide** ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. S. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

2/1/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/2/52

24C. NAME OF CEMETERY OR CREMATORY

Monte Marie

24D. LOCATION (City, town, or county)

Towson, Maryland.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 2 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

8057 Calvert St.

V S 151

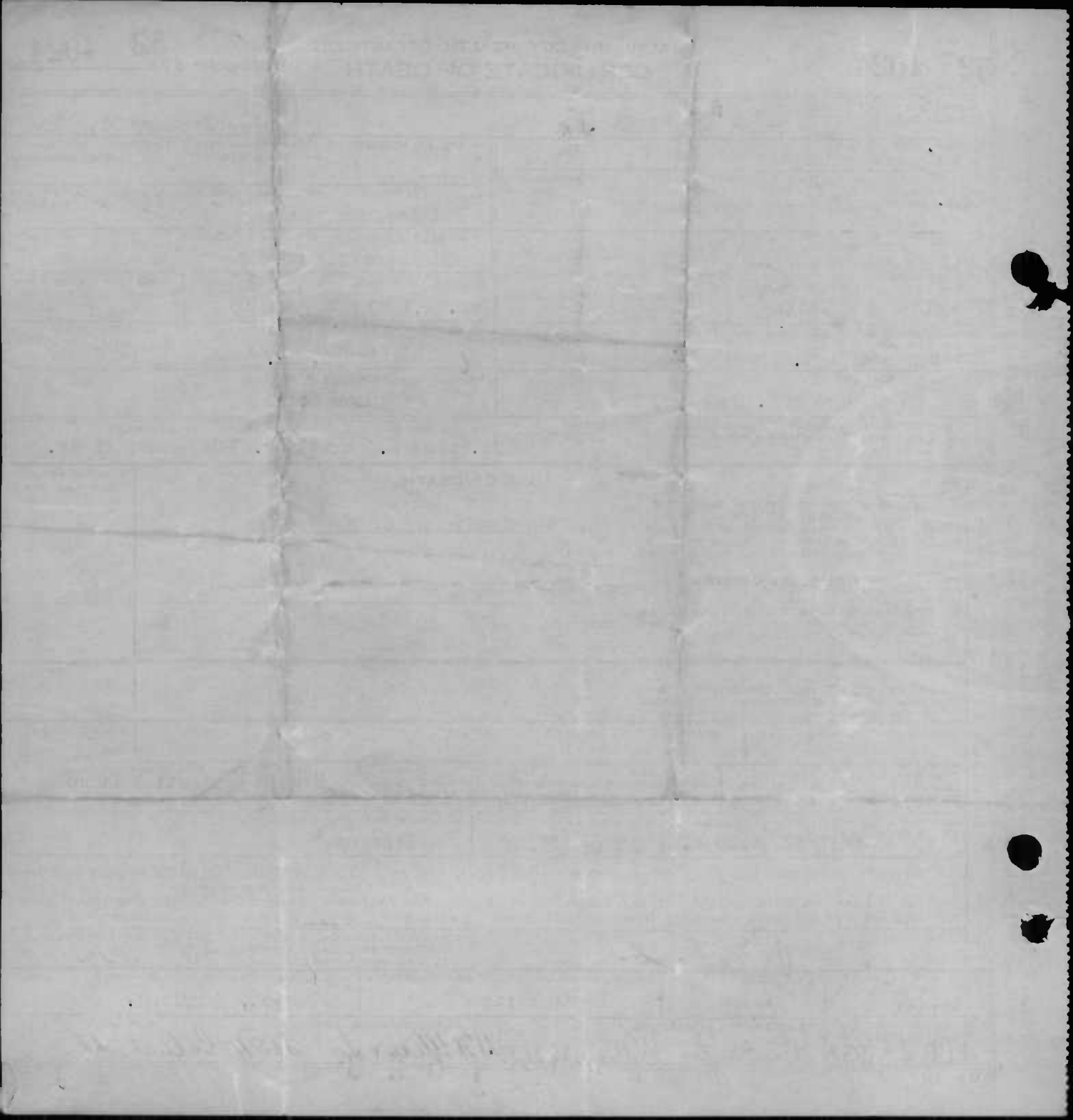
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5234P

164c

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1025

BIRTH NO. 52 1025

1. NAME OF DECEASED
(Type or Print)

Orville B. Leef

2. DATE
OF
DEATH

January 31, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

5157 Stafford Road

C. CITY OR TOWN (If outside corporate limits, write PARAGRAPH and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

5157 Stafford Road

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

August 5, 1881

9. AGE (In years
last birthday)

70

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Ret. Mechanical Engineer

10B. KIND OF BUSINESS OR INDUSTRY

Koopers Co.

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Lewis E. Leef

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Lewis B. Leef, 5157 Stafford Road

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.INTERVAL BETWEEN
ONSET AND DEATH

4 yrs

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Prostatic hypertrophy, benign

2-3 yrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5 Jan, 1952, to 31 Jan, 1952, that I last saw the deceased alive on 28 Jan, 1952, and that death occurred at 9:00 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

2/2/52

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery

24D. LOCATION (City, town, or county)

Baltimore,

(State)

Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 2 - 1952

Huntington Williams, M.D.

Wm. Cook, Inc.,

1217 St. Paul Street

DEPARTMENT OF HEALTH

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 1026**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BRUCE KEPLER

2. DATE
OF
DEATH

February 1, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Maryland**

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Franklin Square Hospital

C. CITY OR TOWN (If outside corporate limits, write R.U.L. and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

136 S. Willard Street

C. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

10-9-1889

9. AGE (In years last birthday)

62

10 Under 1 Year Months Days

11 Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Vincent Kepler

14. MOTHER'S MAIDEN NAME

Annie Ausherman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Bruce Kepler, Middletown, Md.

18. **002X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Chronic far advanced pulmonary tuberculosis**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. [Signature]

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

February 2, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

2-4-52

Lutheran Cem.

Middletown, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 2 - 1952

Huntington Williams, M.D.

Glathill Co. Middletown, Md.

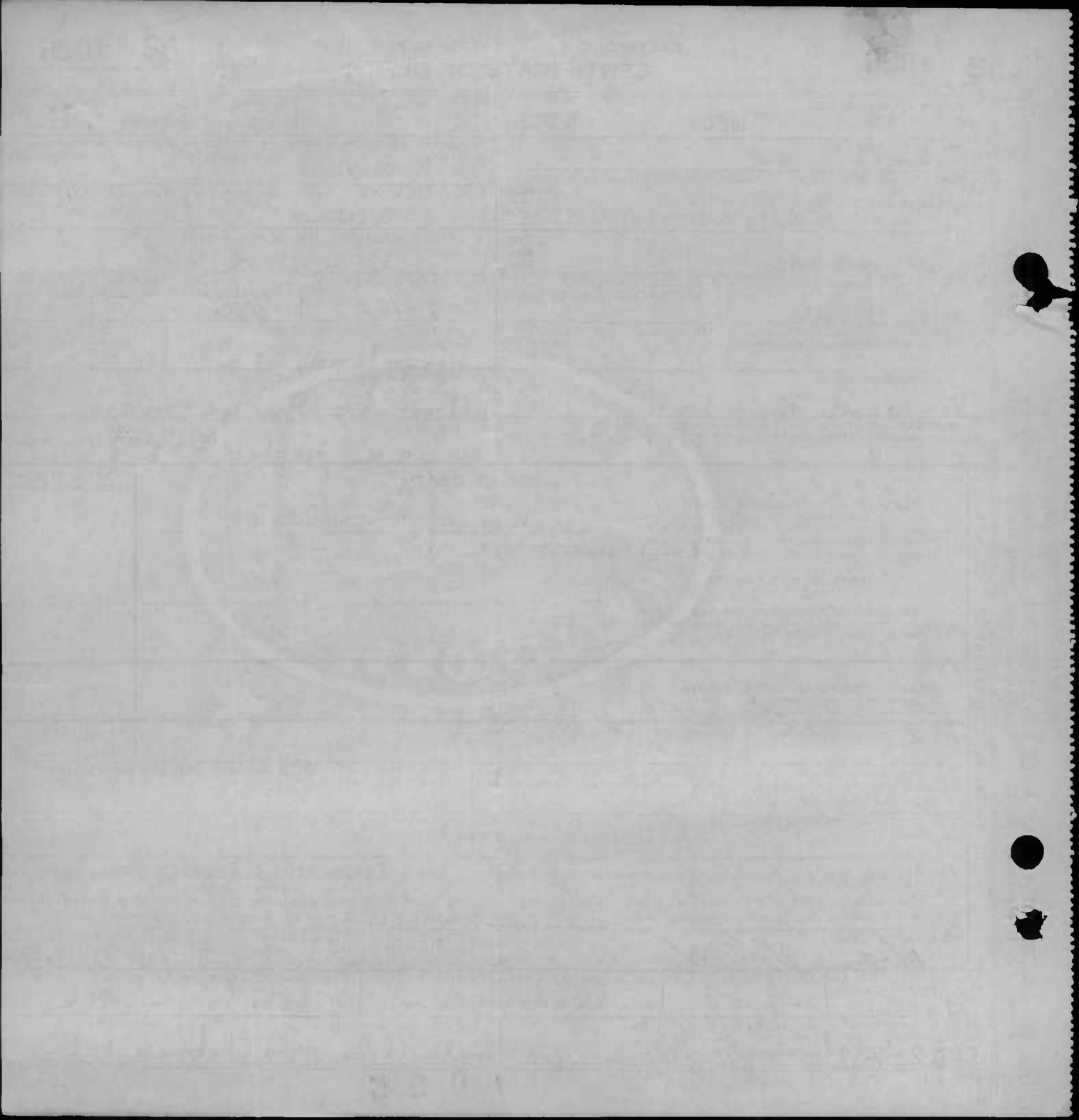
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132

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1027

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Martha Ellen Sullivan

2. DATE
OF
DEATH

Jan. 30, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write BUREAU and give township)

D. STREET ADDRESS (If rural, give location)

B. FULL NAME OF HOSPITAL OR INSTITUTION

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10a. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

19. ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1945 to Jan 30, 1952, that I last saw the deceased alive on 1.30.1952, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

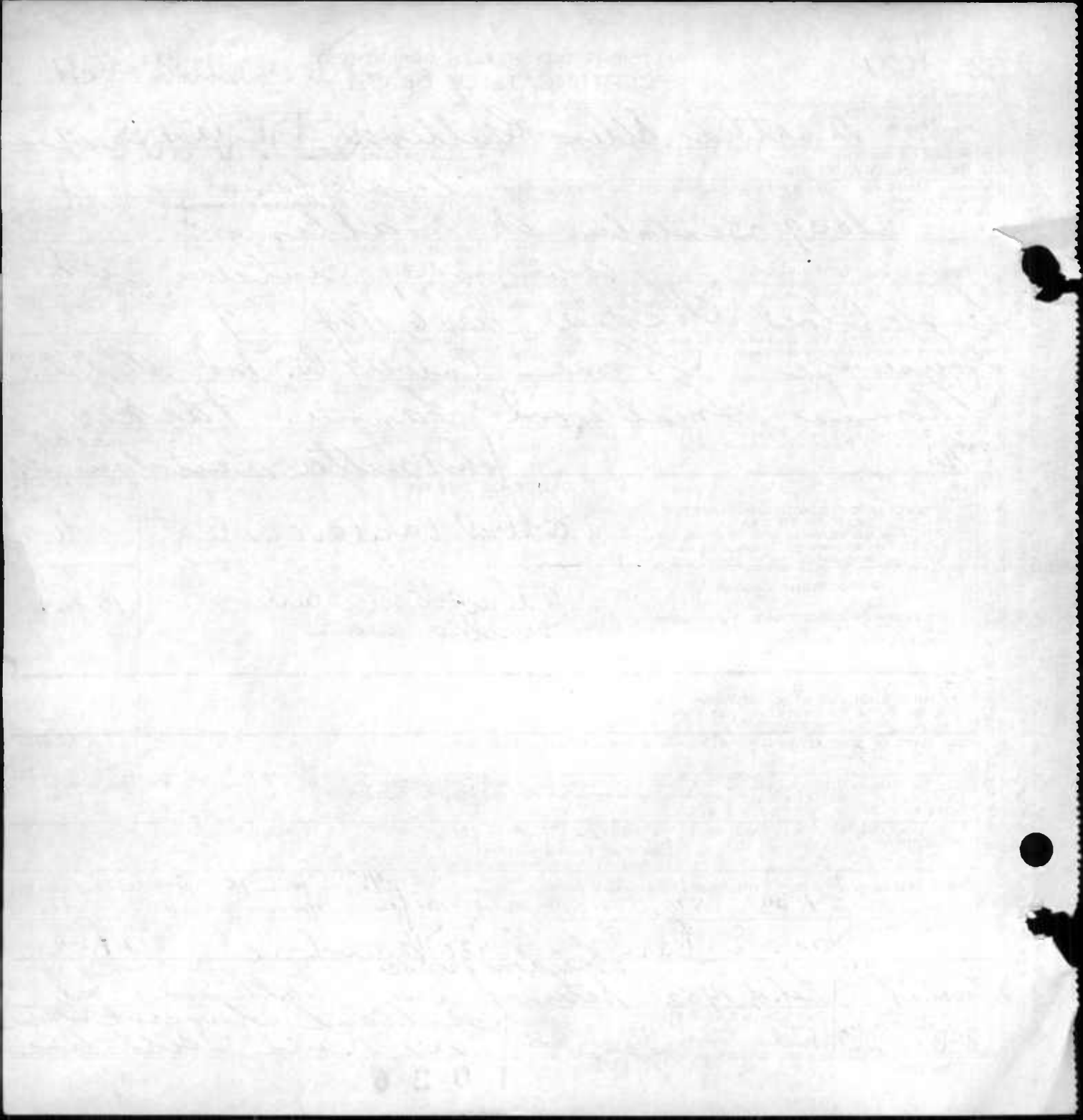
24c. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 1028

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10. Under 1 Year
Months: Days
11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes or no, if unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 331X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C) DUE TO

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/22, 1952, to 1/29, 1954 that I last saw the
deceased alive on 1/29, 1952 and that death occurred at 100 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 2 - 1952

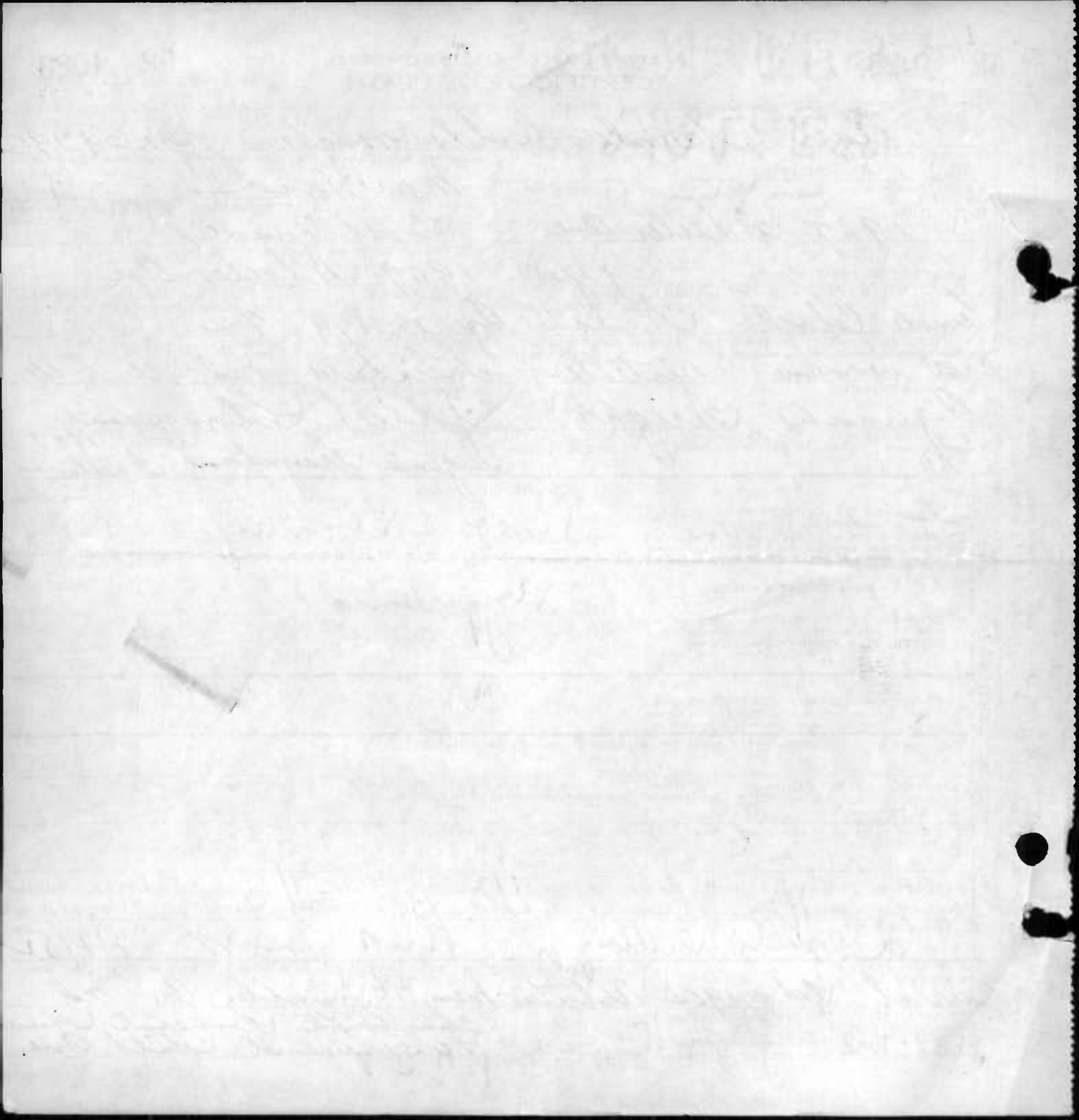
Huntington Williams, M.D.

1631 Grand Hill Ave.

VS 150

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83a



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 1029**BIRTH NO. **52-1029-52-02524**1. NAME OF DECEASED
(Type or Print)*Baby Boy Stronski*2. DATE
OF
DEATH*Feb. 1, 1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

*Mercy Hospital*Yrs.
Mos.
Days

c. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)

721 S. Ann St.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

Feb. 1, 1952

9. AGE (in years)

last birthday

11 Under 1 Year

Months: Days

12 Under 24 Hours

Hours: Min.

2 36

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

John P. Stronski

14. MOTHER'S MAIDEN NAME

Stella Helowicz

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) *Protrusion of umbilical cord*
DUE TO

INTERVAL BETWEEN ONSET AND DEATH

2 hrs. 45 min.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)
II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED

WHILE AT ☐ WORKNOT WHILE ☐ AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on *2-1-1952*, and that death occurred at *8:30 P.m.*, from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

*Richard B. M. D.**Mercy Hospital**2/1/52*

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

*Burial**FEB 2 1952**St. Stanislaus**1300 Dundalk Ave.*

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*Huntington Williams, M.D.**George A. Weber**705 S. Ann St.*

VS 150

1602

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

THIS CERTIFICATE IS TO BE FILLED OUT BY THE PHYSICIAN OR OTHER PERSON HAVING KNOWLEDGE OF THE CAUSE OF DEATH.
IT IS TO BE SIGNED BY THE PHYSICIAN OR OTHER PERSON HAVING KNOWLEDGE OF THE CAUSE OF DEATH.
IT IS TO BE SIGNED BY THE PHYSICIAN OR OTHER PERSON HAVING KNOWLEDGE OF THE CAUSE OF DEATH.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 1030**

BIRTH NO. **52 1030**

1. NAME OF DECEASED
(Type or Print)

Karl Fugmann

2. DATE OF DEATH

Feb 1-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2920 Hamilton Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2920 Hamilton Ave

C. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Sept. 21-1869

9. AGE (In years last birthday)

82

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Detail Tarnen Keeper

10B. KIND OF BUSINESS OR INDUSTRY

Detail Tarnen Keeper

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(No)

16. SOCIAL SECURITY NO.

(None)

17. INFORMANT

Mrs. Maggie M. Fugmann

ADDRESS

Same

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) DUE TO

Cardiac arrest

INTERVAL BETWEEN ONSET AND DEATH

?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Complete Heart Block

10 days

(C) DUE TO

Anterior division cardiac bundle branch block

unknown

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION

0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

(No)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

(None)

21C. WHERE DID INJURY OCCUR?

(None)

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

(None)

21E. INJURY OCCURRED

(None)

21F. HOW DID INJURY OCCUR?

(None)

22. I hereby certify that I attended the deceased from *27 Feb 1952* to *1 Feb 1952*, that I last saw the deceased alive on *27 Jan 1952* and that death occurred at *9:30 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE

56 W. Hanford Rd

23B. ADDRESS

John C. Gorman M.D. 5305 Hanford

23C. DATE SIGNED

Feb 1 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2-4-52

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY LOCAL REGISTRAR

FEB 2 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. Luck

ADDRESS

5305 Hanford

VS 150

19520004029

93D

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

PLEASE WRITE PRINTED NAME ONLY, WITH MARGIN RESERVED FOR BINDING. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. O. O. O.
5600 Maryland Ave.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 1031

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Magdalena Margaret Czekalewski		2. DATE OF DEATH Jan. 31 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. Md.		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1741 E. Lombard Street		C. CITY OR TOWN (If outside corporate limits, write "RURAL" and give township) Baltimore	
c. Length of stay in Baltimore 34 Years		D. STREET ADDRESS (If rural, give location) 1741 E. Lombard Street	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 17 1901
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Uzmed Albert & Son		10B. KIND OF BUSINESS OR INDUSTRY Tailor	
13. FATHER'S NAME Matthew Gasiorowski		14. MOTHER'S MAIDEN NAME Frances Ferenc	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 217-05-7070	
17. INFORMANT Mr. Boleslaw Czekalewski		ADDRESS 1741 E. Lombard	

18. 170X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Metastatic Carcinoma of breast DUE TO _____		INTERVAL BETWEEN ONSET AND DEATH 4 years
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ DUE TO _____ (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____		
19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? _____
22. I hereby certify that I attended the deceased from June 12, 1950 , to Jan 31, 1952 , that I last saw the deceased alive on 1/31/52 , and that death occurred at 11:30 Pm. , from the causes and on the date stated above.		
23A. SIGNATURE Melton L. Solomon	23B. ADDRESS 129 S. Broadway	23C. DATE SIGNED 2/1/52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Feb 4/52	24C. NAME OF CEMETERY OR CREMATORY Holy Rosary Cem. Balto. County
24D. LOCATION (City, town, or county) (State) Balto. County	25. FUNERAL DIRECTOR'S ADDRESS Huntington Williams, 401 S. Chester St. 590 46	

VS 150

50

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr Johnson
129 S. Broadway

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1032

260
BIRTH NO. 52 1032

1. NAME OF DECEASED (Type or Print) <u>John Miskar</u>			2. DATE OF DEATH <u>February 1, 1952</u>		
3. PLACE OF DEATH: <u>Baltimore City, Maryland</u>			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <u>MD</u> B. COUNTY <u>Baltimore</u>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <u>Maryland General Hospital</u>			6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
7. Length of stay in Baltimore <u>27</u> Yrs. <u>Mon.</u> <u>Days</u>			8. STREET ADDRESS (If rural, give location) <u>1513 Bush ST. #30</u>		
9. SEX <u>male</u>	10. COLOR OR RACE <u>white</u>	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	12. DATE OF BIRTH <u>Feb. 1, 1900</u>	13. AGE (In years last birthday) <u>52</u>	14. If Under 1 Year Months: Days
15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>machinist</u>			16. KIND OF BUSINESS OR INDUSTRY <u>Baltimore Motor Co.</u>		
17. FATHER'S NAME <u>Frank Miskar</u>			18. BIRTHPLACE (State or foreign country) <u>Czechoslovakia</u>		
19. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)			20. SOCIAL SECURITY NO. <u>U.S.A.</u>		
21. MOTHER'S MAIDEN NAME <u>Anna Skrivaneck</u>			22. INFORMANT ADDRESS <u>1513 Bush ST.</u>		

18. <u>167X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Branchogenic carcinoma of the left lung.</u>	CAUSE OF DEATH (A) <u>Branchogenic carcinoma of the left lung.</u> DUE TO (B) _____ DUE TO (C) _____	INTERVAL BETWEEN ONSET AND DEATH
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>II</u> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <u>2/1/52</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>12/31/1951</u> to <u>2/1/1952</u> that I last saw the deceased alive on <u>2/1/1952</u> and that death occurred at <u>12:35 p.m.</u> from the causes and on the date stated above.					
23A. SIGNATURE <u>Isabelle Bakhar</u>		23B. ADDRESS <u>Maryland General Hospital</u>		23C. DATE SIGNED <u>2/1/52</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>2/4/52</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Landon Park Cem.</u>	
24D. LOCATION (City, town, or county) <u>3801 Frederick Ave</u>		24E. (State) <u>MD</u>		25. FUNERAL DIRECTOR <u>John J. Towan & Son</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>FEB 2 - 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>		25. FUNERAL DIRECTOR ADDRESS <u>544 3M</u>	

STATE OF TEXAS

CERTIFICATE OF DEATH

IN THE COUNTY OF _____

DECEASED

DATE OF DEATH _____

PLACE OF DEATH _____

CAUSE OF DEATH _____

AGE _____

SEX _____

RACE _____

EDUCATION _____

OCCUPATION _____

RELIGION _____

DATE OF BIRTH _____

PLACE OF BIRTH _____

DATE OF MARRIAGE _____

PLACE OF MARRIAGE _____

DATE OF DEATH _____

PLACE OF DEATH _____

CAUSE OF DEATH _____

AGE _____

SEX _____

RACE _____

EDUCATION _____

OCCUPATION _____

RELIGION _____

DATE OF BIRTH _____

PLACE OF BIRTH _____

DATE OF MARRIAGE _____

PLACE OF MARRIAGE _____

DATE OF DEATH _____

PLACE OF DEATH _____

CAUSE OF DEATH _____

AGE _____

SEX _____

RACE _____

EDUCATION _____

OCCUPATION _____

RELIGION _____

DATE OF BIRTH _____

PLACE OF BIRTH _____

DATE OF MARRIAGE _____

PLACE OF MARRIAGE _____

DATE OF DEATH _____

PLACE OF DEATH _____

CAUSE OF DEATH _____

AGE _____

SEX _____

RACE _____

EDUCATION _____

OCCUPATION _____

RELIGION _____

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and briefly.

MARGIN RESERVED FOR BINDING

520
52 1033
BIRTH NO.

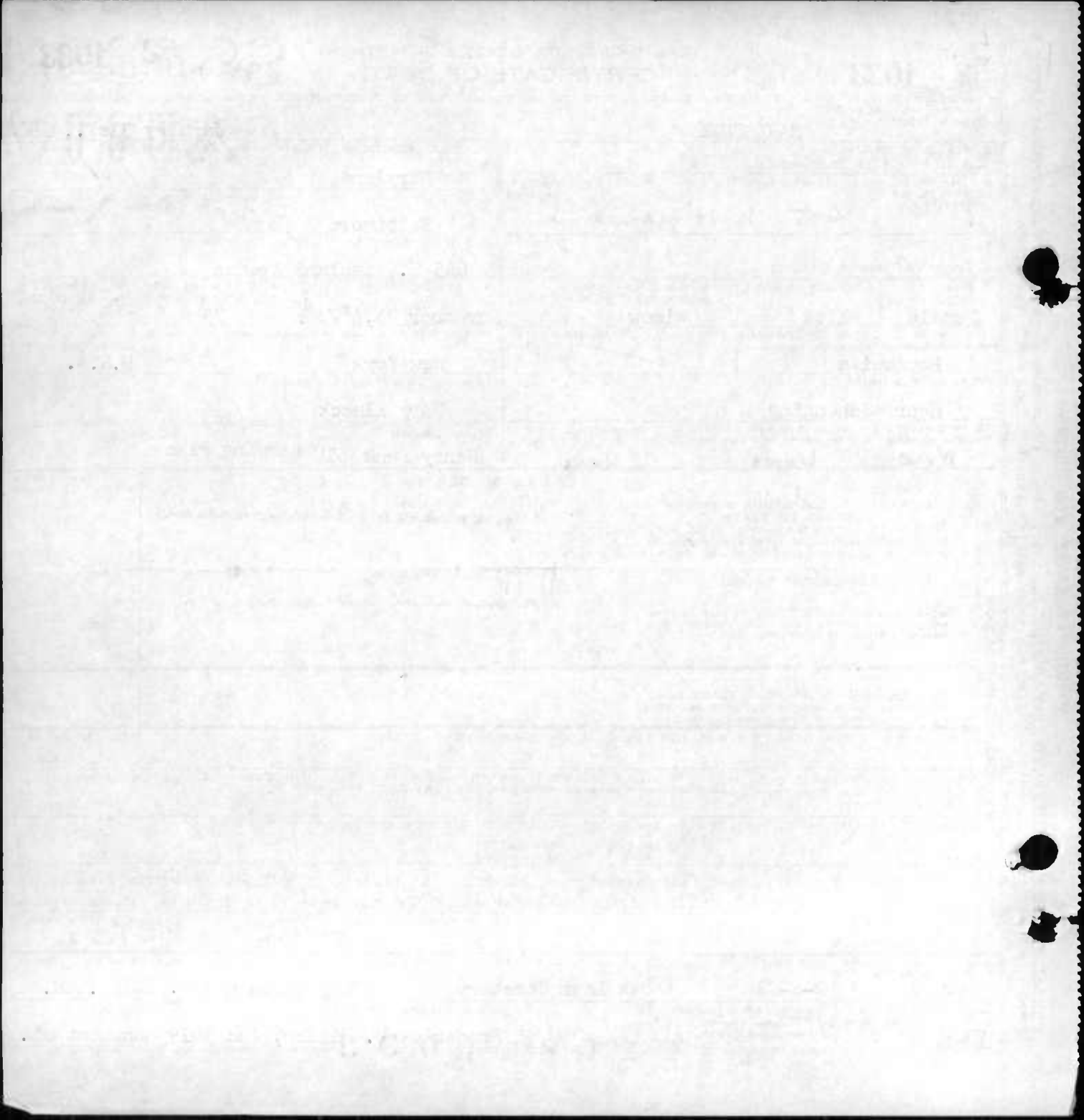
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1033

1. NAME OF DECEASED (Type or Print) MARY FUNK			2. DATE OF DEATH January 31st., 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 26-44		
B. FULL NAME OF HOSPITAL OR INSTITUTION 645 N. Highland Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore 75 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 645 N. Highland Avenue		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH November 23, 1876		9. AGE (In years last birthday) 75 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY ✓	11. BIRTHPLACE (State or foreign country) New York		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Henry Schenning			14. MOTHER'S MAIDEN NAME Mary Klueck		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unknown) None (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. None	17. INFORMANT ADDRESS Henry Funk 610 Harding Place		
18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial degeneration (A) DUE TO Hypertensive Cardio-vascular disease (B) DUE TO (C) DUE TO			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 15, 1952 to Jan 31, 1952 , that I last saw the deceased alive on Jan 29, 1952 and that death occurred at 8:45 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE Edward A. Flanagan Jr.		23B. ADDRESS 3501 Fair Ave		23C. DATE SIGNED 2-1-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2-4-52	24C. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery		24D. LOCATION (City, town, or county) (State) 7225 Eastern Ave. Balto. Md.
DATE RECEIVED BY LOCAL REGISTRAR FEB 2-1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Frederick D. Miller, Inc 3019 Monument St.	

VS 150

937



M-560

52 1034

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1034

BIRTH NO.			1. NAME OF DECEASED (Type or Print) <i>Leslie W. Minor</i>			2. DATE OF DEATH <i>Feb 2, 1951</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Union Mem. Hosp.</i>			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Penn.</i> B. COUNTY <i>V-35</i>					
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>44</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Williamsport.</i>					
c. Length of stay in Baltimore <i>4</i> Days			D. STREET ADDRESS (If rural, give location) <i>713 Elmira St.</i>					
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married.</i>	8. DATE OF BIRTH <i>June 6, 1886</i>		9. AGE (In years, last birthday) <i>65</i>	If Under 1 Year Months: Days		If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Vice President</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Printing Co.</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>US #</i>		
13. FATHER'S NAME <i>Henry Clay Minor.</i>			14. MOTHER'S MAIDEN NAME <i>Lucy J. Minor.</i>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>unknown</i>		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Mr. Henry C. Minor-627 Diamond Blvd.</i>				
18. <i>451X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>RUPTURED AORTIC (ABDOMINAL) ANEURYSM</i> DUE TO <i>ARTERIOSCLEROSIS</i>			CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.								
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION <i>7</i>			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)				
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <i>Jan. 29, 1952</i> to <i>Feb 2, 1952</i> that I last saw the deceased alive on <i>2-2, 1952</i> and that death occurred at <i>2:00 a.m.</i> , from the causes and on the date stated above.								
23A. SIGNATURE <i>Richard R. Beach</i>			23B. ADDRESS <i>Union Memorial Hospital</i>			23C. DATE SIGNED <i>2-2-52</i>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24B. DATE <i>2/3/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Wildwood Cem.</i>		24D. LOCATION (City, town, or county) (State) <i>Williamsport, Pa.</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 3 - 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Wm. J. Lickner & Sons</i>		ADDRESS <i>96 Balto. 17 Md.</i>		

VS 150

2904M 033

Balto. 17 Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

THE UNIVERSITY OF CHICAGO
LIBRARY



MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

52 1035

CERTIFICATE CORRECTED 2/4/52 ES
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1035

Registered No. _____

BIRTH NO. _____	
1. NAME OF DECEASED (Type or Print) Phyllis Caldwell	
2. DATE OF DEATH Feb. 2 '52	
3. PLACE OF DEATH: A. Baltimore City, Maryland	
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Ind. B. COUNTY Talbot	
5. FULL NAME OF HOSPITAL OR INSTITUTION THE JOHNS HOPKINS HOSPITAL	
6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore - Easton	
7. STREET ADDRESS (If rural, give location) 2 Locust st.	
8. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____	
9. SEX Female	10. COLOR OR RACE Negro
11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	12. DATE OF BIRTH 7-31-27
13. AGE (In years last birthday) 27	14. Under 1 Year Months: _____ Days: _____
15. Under 24 Hours Hours: _____ Min. _____	16. BIRTHPLACE (State or foreign country) Ind.
17. CITIZEN OF WHAT COUNTRY? USA	18. FATHER'S NAME James Caldwell
19. MOTHER'S MAIDEN NAME Mercedes Carter	20. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____
21. SOCIAL SECURITY NO. _____	22. INFORMANT THE JOHNS HOPKINS HOSPITAL

18. 456 X		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Hemorrhage around tracheotomy		2 minutes	
ANTECEDENT CAUSES		(B) Lupus erythematosus, disseminated		1+ year.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) _____		_____	

19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec. 11, 1951 to Feb 2, 1952 that I last saw the deceased alive on Feb 2, 1952 and that death occurred at 2 P. m. , from the causes and on the date stated above.					
23A. SIGNATURE Carl V. Johnson		23B. ADDRESS THE JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 2/3/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2-6-52		24C. NAME OF CEMETERY OR CREMATORY Richardson Cemetery	
24D. LOCATION (City, town, or county) Easton		24E. STATE Ind.		25. FUNERAL DIRECTOR James B. Dashiell, Salisbury and	
DATE RECEIVED BY LOCAL REGISTRAR FEB 3 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		26. ADDRESS _____	

Dr. Silverman obtained informati on by phone 2/4/52

52 1036

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1036

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Joseph. Ludwig

2. DATE
OF
DEATH

2/2/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2810 OAKFORD AVE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

15-13

D. STREET ADDRESS (If rural, give location)

2629 Park Heights Terr.

C. Length of stay in Baltimore

45 Yrs

Yrs.
Mos.
Days5. SEX
Male6. COLOR OR RACE
White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

Dec 27, 1890

9. AGE (in years
last birthday)

61

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Tailor

10B. KIND OF BUSINESS OR
INDUSTRY

clothing

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Sol Ludwig

14. MOTHER'S MAIDEN NAME

Ella. ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Sarah Ludwig 2629 Park Heights Terr.

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

ARTERIO-SCLEROTIC CARDIO-VASC.
DISEASE

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

few years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

CORONARY SCLEROSIS + INSUFFICIENCY

DUE TO

few months
1 minute

(C)

CORONARY THROMBOSIS

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 14, 1952, to Feb. 2nd, 1952, that I last saw the
deceased alive on Jan 15, 1952, and that death occurred at 11:15 P. M., from the causes and on the date stated above.

23A. SIGNATURE

R. A. Weinstock

M. D.

23B. ADDRESS

4603 PARK Hts Ave

23C. DATE SIGNED

2-3-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

Feb, 3, 1951

24C. NAME OF CEMETERY OR CREMATORY

Hebrew Young Men Cemetery

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 3 - 1952

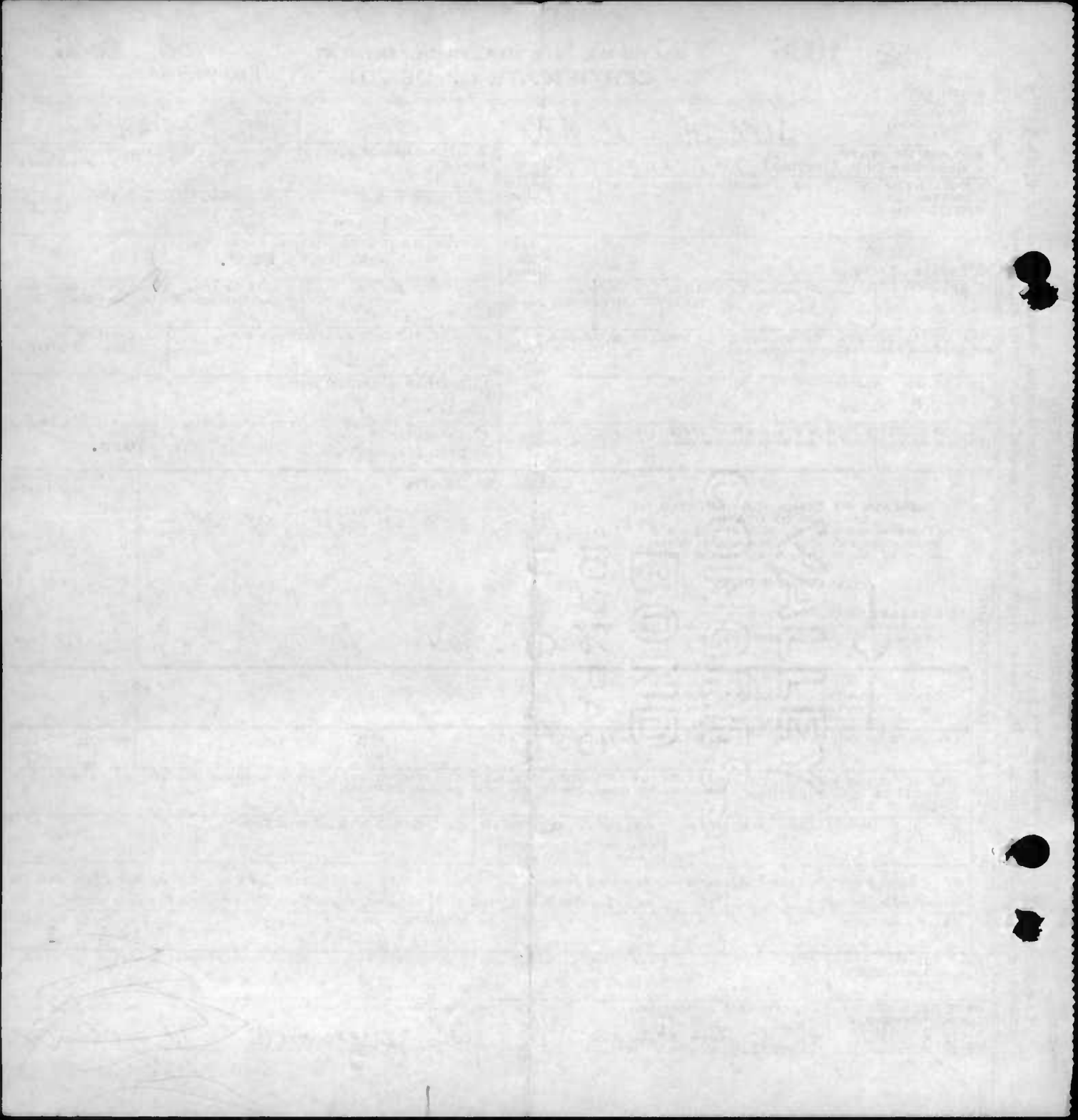
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Sol. Remson + Bus W North ave

ADDRESS 1126



M-445 52 1037

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1037
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Mrs. Alice Mulholland</i>		2. DATE OF DEATH <i>2-2-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>6420 Treisterstown</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>The Seton Institute</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 28</i>			
c. Length of stay in Baltimore <i>unknown</i>		D. STREET ADDRESS (If rural, give location) <i>3471 Prospect Ave. 5200</i>			
5. SEX <i>F</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widow</i>	8. DATE OF BIRTH <i>10-24-1878</i>		9. AGE (In years, months, days) <i>73 5 8</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>retired</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Chatam, Ontario</i>	
13. FATHER'S NAME <i>James Slade</i>		12. CITIZEN OF WHAT COUNTRY? <i>Canada</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>The Seton Institute</i>	

18. <i>463 X 1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) <i>PULMONARY EMBOLYS</i> DUE TO (B) <i>Repeated pulmonary emboli</i> DUE TO (C) <i>Thrombophlebitis, legs</i> <i>Chronic myocardial disease</i> <i>Psychosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>24 hr</i> <i>4 weeks</i> <i>several years</i> <i>3 weeks</i>	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION <i>with atherosclerosis</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>1/12</i> , 19 <i>52</i> to <i>2-2-</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>1/2-</i> , 19 <i>52</i> , and that death occurred at <i>5 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Walker J. Zahorec</i>		23B. ADDRESS <i>3703 Clark Lane</i>		23C. DATE SIGNED <i>1/2/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24B. DATE <i>2/3/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Lafayette Memorial</i>	
24D. LOCATION (City, town, or county) (State) <i>Smithport Pa.</i>		25. FUNERAL DIRECTOR ADDRESS <i>Wm. Cook & Son, 1217 St. Paul st.</i>			

UNITED STATES DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

WATLEY

195

THE UNIVERSITY OF CHICAGO
CHICAGO, ILLINOIS

Department of Biology
Chicago, Illinois

NAME	WATLEY
AGE	35
SEX	Male
RACE	White
DATE OF BIRTH	1915
DATE OF DEATH	1950
PLACE OF BIRTH	Chicago, Illinois
PLACE OF DEATH	Chicago, Illinois
Cause of Death	Heart Disease
Immediate Cause	Myocardial Infarction
Underlying Cause	Coronary Artery Disease
Contributing Cause	Hypertension
Occupation	Professor
Signature	[Signature]
Printed Name	John Doe
Address	123 Main St, Chicago, IL
City	Chicago
State	Illinois
Zip	60601

N-620

52 1038

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1038

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Mary Elizabeth Norris

2. DATE

OF DEATH February 1, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1400 W. Lexington St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE Maryland

B. COUNTY before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR Aged Women's and
INSTITUTION Aged Men's HomesC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 19-02D. STREET ADDRESS (If rural, give location)
1400 W. Lexington Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Nov. 15, 1853

9. AGE (in years last birthday)

98

Under 1 Year

Months: Days

2

17

Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Charles John Norris

14. MOTHER'S MAIDEN NAME

Rosa Anne Foxwell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT L. H. Read ADDRESS
1400 W. Lexington Street

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Chronic Myocarditis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerotic Cardio-Vascular Disease

DUE TO

(C)

1 yr

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1950, to February 1, 1952, that I last saw the deceased alive on Feb 1, 1952, and that death occurred at 4:41 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Harland Edward Day

M. D.

23B. ADDRESS

4-E-33rd St - 18-

23C. DATE SIGNED

February 2, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

February 4, 1952

24C. NAME OF CEMETERY OR CREMATORY

St. Paul's Cemetery

24D. LOCATION (City, town, or county)

Leonardtown, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

1217 St. Paul St.

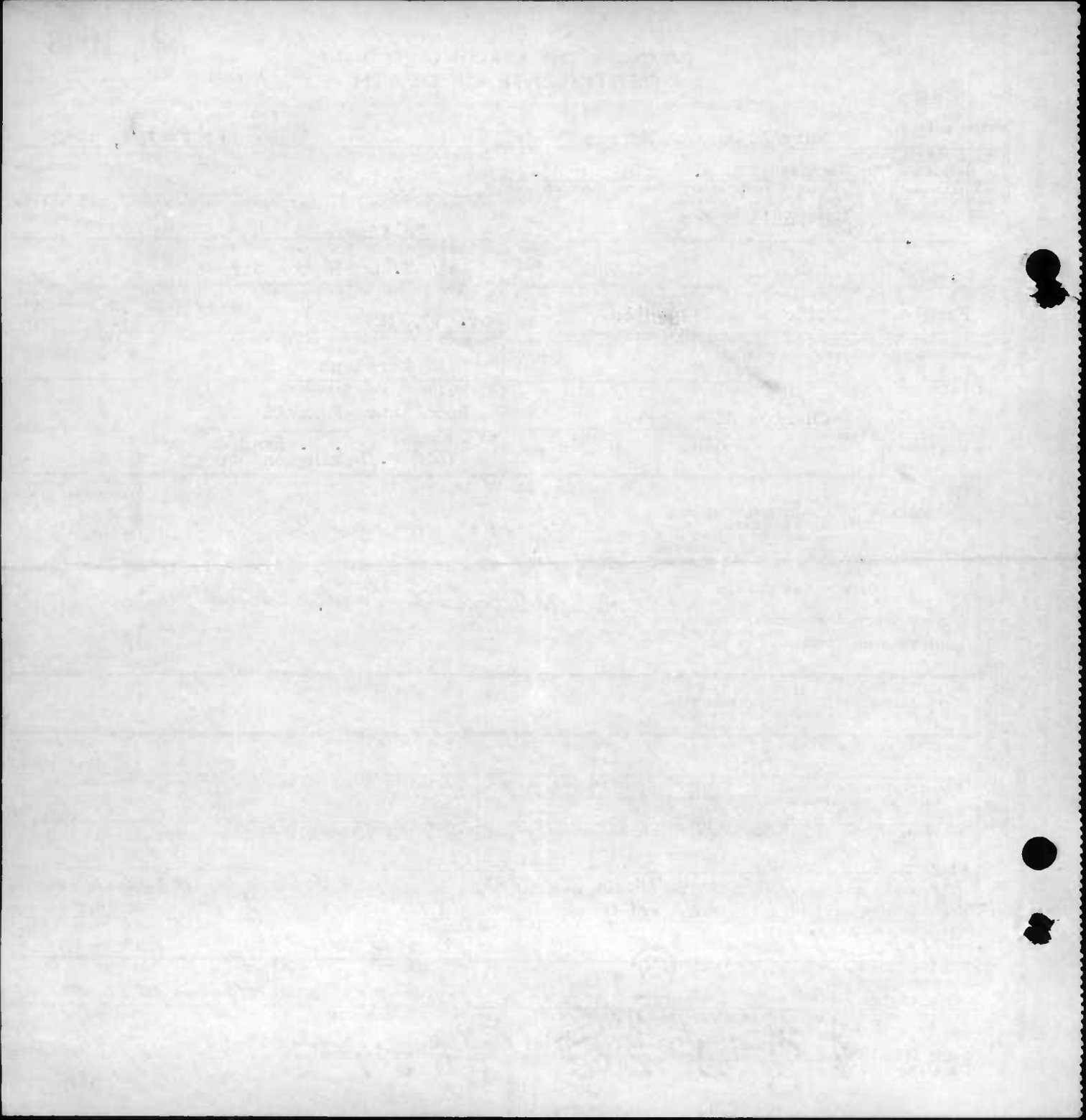
FEB 3 - 1952

705 2000 1037

92D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



B-623 52 1039

52 1039

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO.			1. NAME OF DECEASED (Type or Print) Roger T. Bright			2. DATE OF DEATH February 1, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____					
B. FULL NAME OF HOSPITAL OR INSTITUTION 1300 E. Chase Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			D. STREET ADDRESS (If rural, give location) 1300 E. Chase Street		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			5. SEX male			6. COLOR OR RACE white		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single			8. DATE OF BIRTH April 2, 1901			9. AGE (In years last birthday) 50		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Plumber			10B. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME Nathaniel Bright			14. MOTHER'S MAIDEN NAME Annie Layden		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no			16. SOCIAL SECURITY NO.			17. INFORMANT Mr. Elmer Bright, 3838 Elmley Avenue		

18. 4201 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute Corneal infarct		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO Coronary sclerosis		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
(B) DUE TO		
(C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 2/4/52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1/28 , 19 52 , that I last saw the deceased alive on 1/28 , 19 52 , and that death occurred at 7:00 PM from the causes and on the date stated above.					
23A. SIGNATURE A. H. Hornatun		23B. ADDRESS 204 E. Beale St		23C. DATE SIGNED 2/12/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 2/4/52		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery	
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland		24E. DATE RECEIVED BY LOCAL REGISTRAR FEB 3 - 1952		24F. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
24G. FUNERAL DIRECTOR Wm. Cook, Inc.		24H. ADDRESS 1217 St. Paul Street			

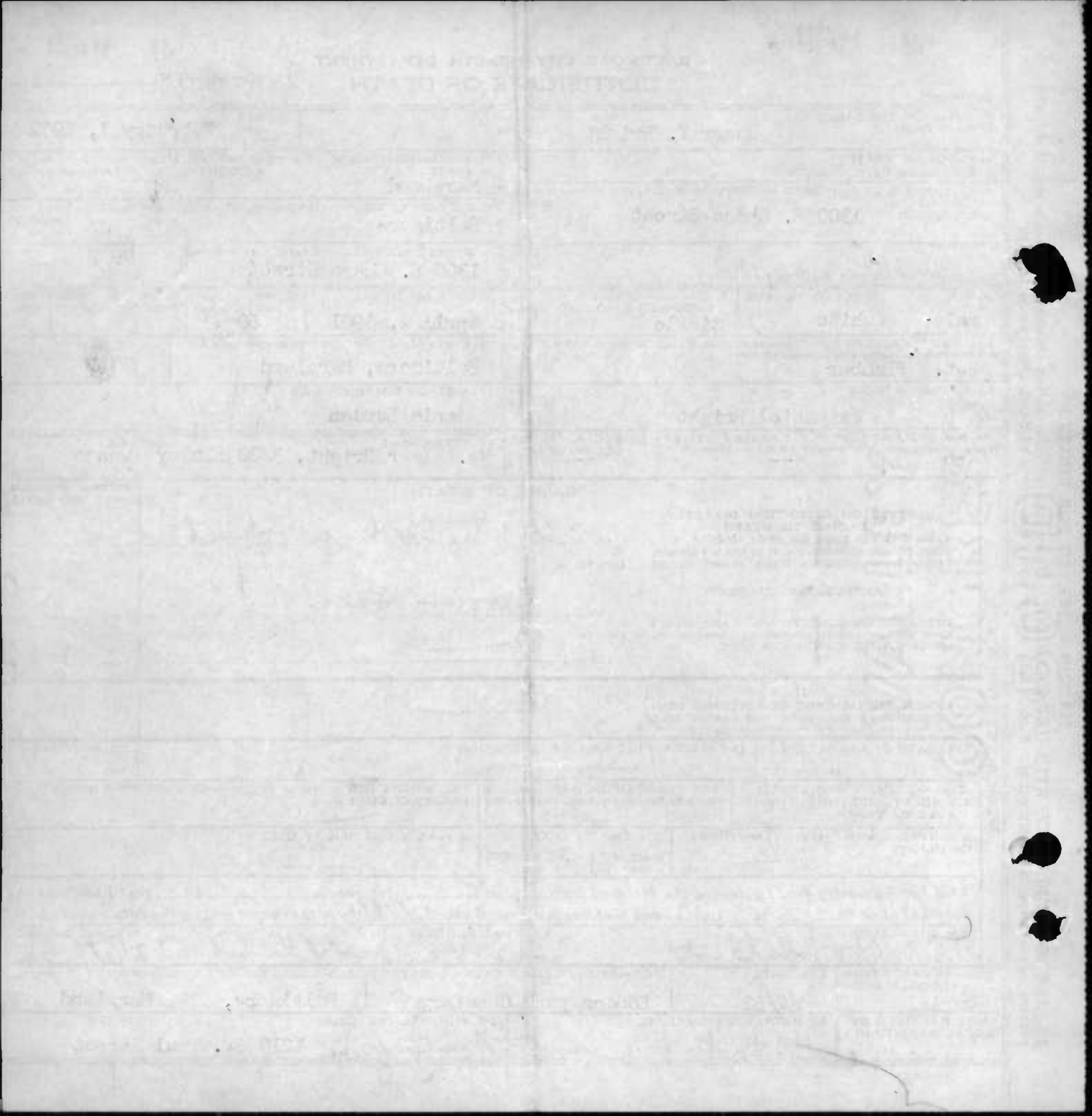
VS 150

574 214 030

94a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



R-200

52 1040

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1040
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs Lily Reese

2. DATE
OF
DEATH

1 Feb 52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Church Home & Hospital

Yrs.
Mos.
Days

c. Length of stay in Baltimore

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE MARRIED, WIDOWED DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

29 Nov 1895

9. AGE (in years last birthday)

76

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

—

11. BIRTHPLACE (State or foreign country)

Baltimore Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Henry Carson

14. MOTHER'S MAIDEN NAME

Erlsleger, Wilhelmina

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

INFORMANT ADDRESS
Mrs P. A. Schaffel Greensburg Pa.

18.

572.11

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Perforation of Cecum

DUE TO

2 wks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Partial intestinal obstruction

DUE TO

unknown

(C) Chronic diverticulitis

"

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

21 Jan 52

19B. MAJOR FINDINGS OF OPERATION

Perforation of Cecum

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 20 Jan 1952 to 1 Feb 1952, that I last saw the deceased alive on 1 Feb 1952, and that death occurred at 9:05 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Dorenda Enshing

M. O.

23B. ADDRESS

Church Home & Hospital Bldg. 31

23C. DATE SIGNED

25 Feb 52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/4/52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Carmel

24D. LOCATION (City, town, or county)

Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. Oak Inc. 1217 St. Paul St.

FEB 3 - 1952

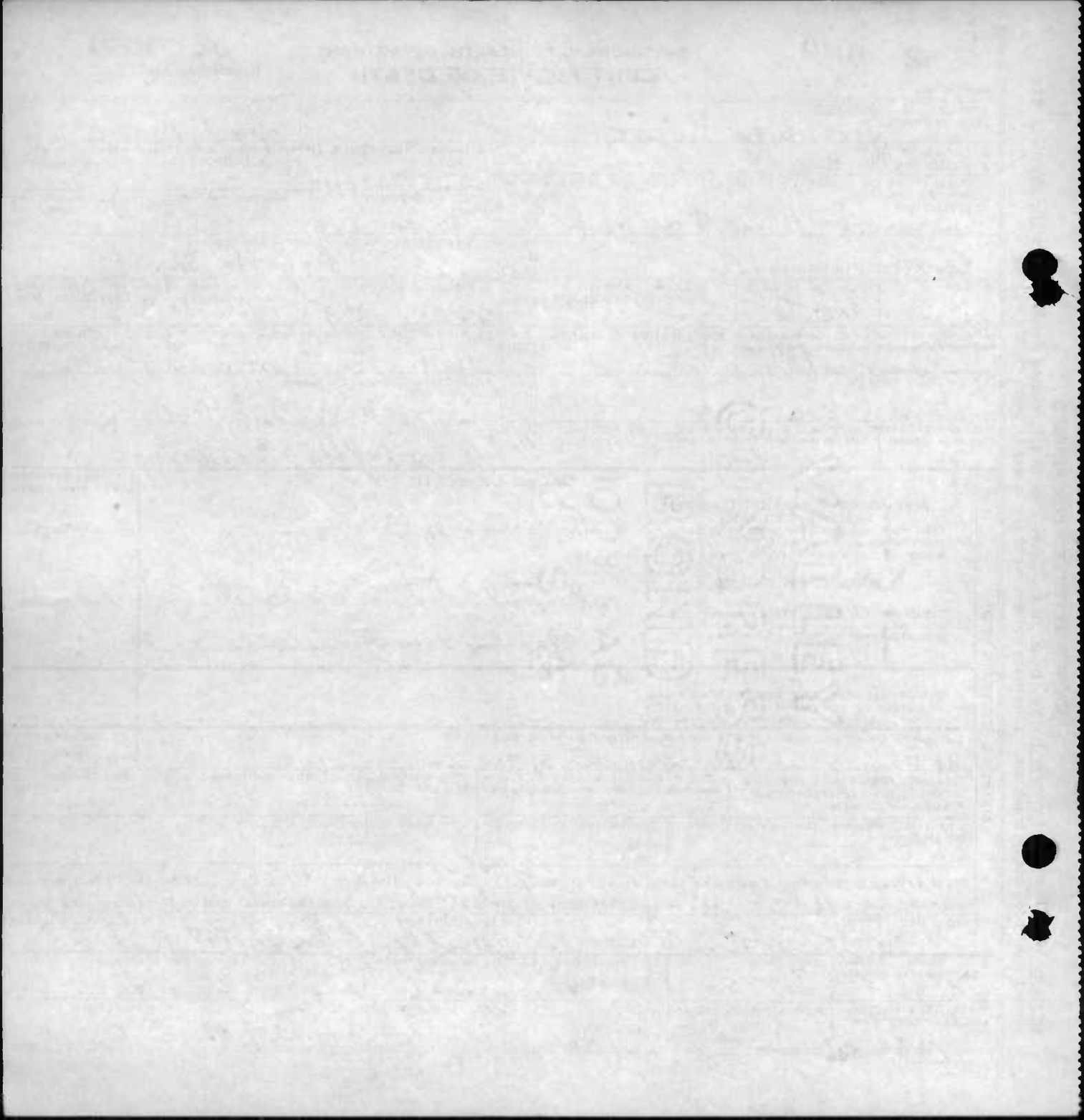
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121

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

James Fisher

2. DATE
OF
DEATH

2.1.52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto. Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Provident Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN

Balto

(If outside corporate limits, write RURAL and give township)

12-05

D. STREET ADDRESS (If rural, give location)

105 W. 20th St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

2-10-1908

9. AGE (in years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Gerard Fisher

14. MOTHER'S MAIDEN NAME

Mary Ella Band

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.INTERVAL BETWEEN
ONSET AND DEATH

24+ hrs

?

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-31, 1952 to 2-1, 1952, that I last saw the
deceased alive on 2-1, 1952, and that death occurred at 1:00 p. m., from the causes and on the date stated above.

23. SIGNATURE

Samandakis, R. R.

M. D.

23B. ADDRESS

Baltimore, Md.

23C. DATE SIGNED

2-2-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2-5-52

24C. NAME OF CEMETERY OR CREMATORY

TABERNACLE

24D. LOCATION (City, town, or county)

HARFORD, CO. MARYLAND.

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Mrs. Frances C. Hensley Biddle

ADDRESS

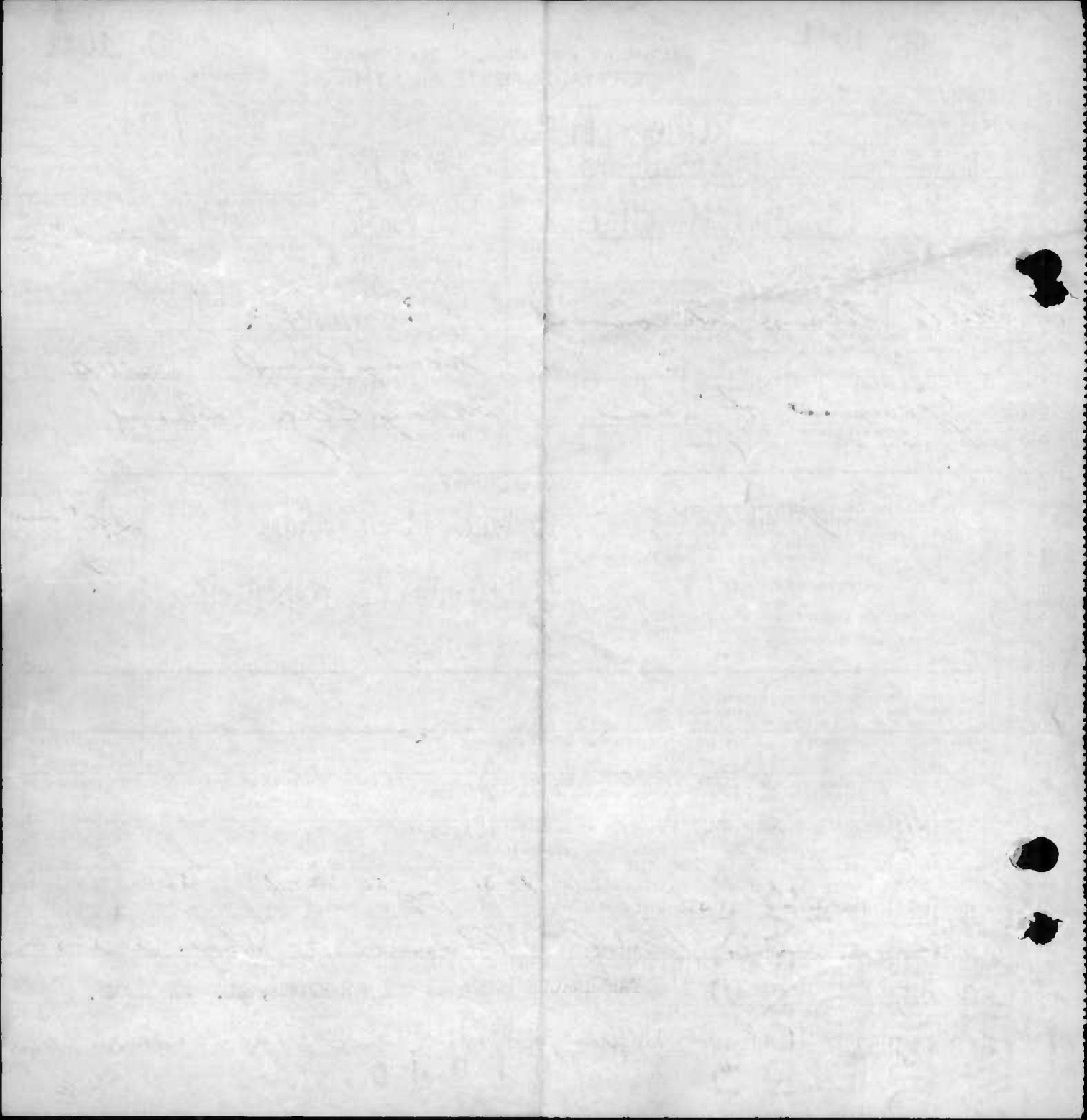
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FEB 3 - 1952

VS 150

1040

83a



52 1042

Registered No. _____

BIRTH NO.

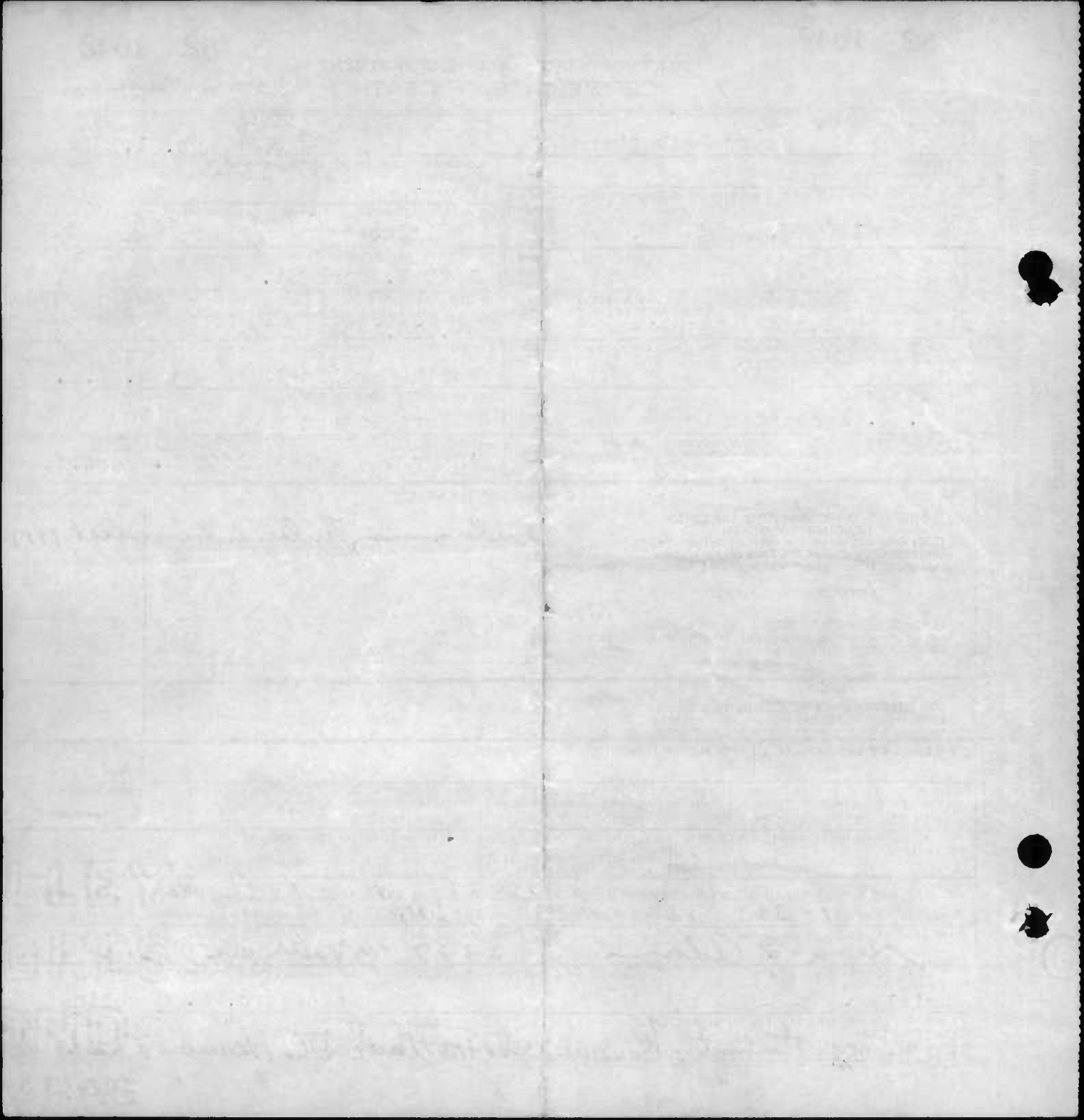
1. NAME OF DECEASED (Type or Print)		Henry Ledbetter		2. DATE OF DEATH Feb. 1, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1600 N. Bond St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 8-06			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1600 N. Bond St.			
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Nov. 18, 1933	9. AGE (in years last birthday) 18	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) North Carolina	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME T. C. Ledbetter		14. MOTHER'S MAIDEN NAME Vera Ingran			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS M's Myrtle Bridge 1600 N. Bond St.	
18. 002X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) Pulmonary Tuberculosis DUE TO (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH Sept. 1951	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> m. WORK AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12-31, 1951, to 2-1, 1952, that I last saw the deceased alive on 1-30, 1952, and that death occurred at 1:15 p.m., from the causes and on the date stated above.					
23A. SIGNATURE George S. Adams		23B. ADDRESS 2327 W. North Ave.		23C. DATE SIGNED 2-2-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2-5-52		24C. NAME OF CEMETERY OR CREMATORY Wadesboro, N. Carolina	
DATE RECEIVED BY LOCAL REGISTRAR FEB 3 - 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR ADDRESS T. Hensley Bidlee	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

1312



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

52 1043

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1043

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) #6e MUSIC			2. DATE OF DEATH FEB 3 - 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland med. July 3			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE N.Y. B. COUNTY V-29		
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHN HOPKINS HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Brooklyn		
c. Length of stay in Baltimore 8 <small>Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Days</small>			D. STREET ADDRESS (If rural, give location) 205 E. 17th. St.		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 12-21-88	9. AGE (in years last birthday) 63	If Under 1 Year: Months: Days; If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager			10B. KIND OF BUSINESS OR INDUSTRY ready to wear		
11. BIRTHPLACE (State or foreign country) Russia			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Israel			14. MOTHER'S MAIDEN NAME Not known		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT JOHN HOPKINS HOSPITAL			ADDRESS		

18. 4 to 1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) myocardial infarction	CAUSE OF DEATH (A) myocardial infarction DUE TO	INTERVAL BETWEEN ONSET AND DEATH 3 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Generalized arteriosclerosis	(B) Generalized arteriosclerosis DUE TO	
(C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1-23-1952 to 2-3-1952 that I last saw the deceased alive on 2-3-1952 and that death occurred at 4:00 A m., from the causes and on the date stated above.					
23A. SIGNATURE Roe Wells / Don H. Linton M. D.		23B. ADDRESS JOHN HOPKINS HOSPITAL		23C. DATE SIGNED 2/3/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE 2-3-52		24C. NAME OF CEMETERY OR CREMATORY New York N. Y.	
DATE RECEIVED BY LOCAL REGISTRAR FEB 3 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Levinson 2100 E. 17th St	

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R-150

52 1044

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1044

Registered No. _____

BIRTH NO. _____		
1. NAME OF DECEASED (Type or Print) MEYER RUBIN		2. DATE OF DEATH 2-2-52
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY _____
B. FULL NAME OF HOSPITAL OR INSTITUTION 1642 East Pratt St		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 3-01
D. STREET ADDRESS (If rural, give location) 1642 East Pratt St		Yrs. 40 Mos. _____ Days _____
c. Length of stay in Baltimore		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH		9. AGE (In years last birthday) 76
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe repair		10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Russia		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Meyer		14. MOTHER'S MAIDEN NAME Not known
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.
17. INFORMANT Ada Rubin -		ADDRESS same
18. 4221 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute Cardiac failure CAUSE OF DEATH Ch Cardiovascular disease INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 1/18 19 52 , to 2-2-52 , that I last saw the deceased alive on 2/1 19 52 , and that death occurred at 8:57 m., from the causes and on the date stated above.		
23A. SIGNATURE A. S. Hornstein		23B. ADDRESS 204 E. Biddle St
23C. DATE SIGNED 2/3/52		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 2-3-52	24C. NAME OF CEMETERY OR CREMATORY Mt Carmel
24D. LOCATION (City, town, or county) (State) Balto MD		
DATE RECEIVED BY LOCAL REGISTRAR FEB 3 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.
25. FUNERAL DIRECTOR Jack Lewis		ADDRESS 2100 Eutan Pl

Horvath

B-655
52 1045BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1045
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MINNIE BERMAN

2. DATE
OF
DEATH

2-1-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE B. COUNTY before admission)

Md

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Johns Hopkins Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 6-03

c. Length of stay in Baltimore

40
Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2213 E. Fairmount Ave

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

9. AGE (In years
last birthday)

30

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Lith

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Oscar

14. MOTHER'S MAIDEN NAME

Ethel

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Max Berman - Home

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Arteriosclerotic Cardio-

vascular disease

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes Mellitus

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

H. J. Mc Dermott

23B. CHIEF MEDICAL EXAMINER.....

23C. DATE SIGNED

M.D. MEDICAL INVESTIGATOR.....

2-2-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

2-3-52

24C. NAME OF CEMETERY OR CREMATORY

Beth Isaac

24D. LOCATION (City, town, or county)

Baltimore Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

2100 Catow Rd

VS 151

61

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

THE UNIVERSITY OF CHICAGO

1912

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100

52 1046

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1046

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MINNIE BERNSTEIN

2. DATE
OF
DEATH

2-1-52

3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)
A. STATE B. COUNTY

Md

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

3130 Oakford Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 27-16

D. STREET ADDRESS (If rural, give location)

3130 Oakford Ave

c. Length of stay in Baltimore

60 Yrs.
Mos.
Days

5. SEX

Female White

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

9. AGE (in years
last birthday)10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.

75

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Jacob

14. MOTHER'S MAIDEN NAME

Sarah

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Doris Gold - same

18. 434.2

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral Hemorrhage

DUE TO Hypertension C. V. H. D.

Included
6 or 7 yr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Asthma
Cardiac Decompensation

DUE TO

6 or 7 yr.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9:00 1947, to Feb 1, 1952, that I last saw the
deceased alive on Feb 1, 1952 and that death occurred at 9:00 m., from the causes and on the date stated above.

23A. SIGNATURE

Rethel, Kolman

M. D.

23B. ADDRESS

3700 Park Heights Ave

23C. DATE SIGNED

Feb 2 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

2-3-52

24C. NAME OF CEMETERY OR CREMATORY

Hebrew Herrington

24D. LOCATION (City, town, or county)

Balto Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M. D. Jack Lewis

25. FUNERAL DIRECTOR

ADDRESS

2100 Canton Pl

FEB 3 - 1952

VS 150

520 1046

937

Kolman
3700 Park Hgt
LH 9855

W-255
52 1047

52 1047

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____		1. NAME OF DECEASED (Type or Print) WILMER E. WISNOM		2. DATE OF DEATH 2-1-1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md B. COUNTY _____			
B. FULL NAME OF HOSPITAL OR INSTITUTION 3470 WILKINS AVE		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 23-41			
5. Length of stay in Baltimore 25 Yrs. <input checked="" type="checkbox"/> Mos. <input type="checkbox"/> Days		D. STREET ADDRESS (If rural, give location) 3470 WILKINS AVE			
6. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7-12-1885	9. AGE (In years last birthday) 66	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GARDENER		10B. KIND OF BUSINESS OR INDUSTRY Employed		11. BIRTHPLACE (State or foreign country) BALTO & MD	
13. FATHER'S NAME ELIJAH WISNOM		14. MOTHER'S MAIDEN NAME _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 41707-9701		17. INFORMANT Mary E. Wisnom ADDRESS 3470 Wilkins Ave	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis		(A) _____ DUE TO		INTERVAL BETWEEN ONSET AND DEATH 6 months	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ DUE TO (C) _____					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Aug , 19 51 , to Feb. 1 , 19 52 , that I last saw the deceased alive on Feb. 1 , 19 52 , and that death occurred at 1:35 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE Mary E. Wisnom		23B. ADDRESS 3470 Wilkins Ave		23C. DATE SIGNED 2-2-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 2-4-52		24C. NAME OF CEMETERY OR CREMATORY MORELAND MET CEM	
				24D. LOCATION (City, town, or county) (State) BALTO MD	
DATE RECEIVED BY LOCAL REGISTRAR FEB 3 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR W. M. Walcott ADDRESS 930 10 Path & Street Sts 94a	

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

100,000
BUND

CONGRESS
VALLEY

52 1048

CERTIFICATE CORRECTED

2-19-52

BALTIMORE CITY HEALTH DEPARTMENT

52 1048

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

J. FRANK SLACK

2. DATE
OF
DEATH

Feb. 1, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

203 Witherspoon Rd.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

27-12

D. STREET ADDRESS (If rural, give location)

203 Witherspoon Rd.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Aug. 6, 1891

9. AGE (In years
last birthday)

60

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Pres.

10B. KIND OF BUSINESS OR
INDUSTRY

Doughnut Mfg.

11. BIRTHPLACE (State or foreign country)

Middletown, Pa.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Frank Slack

14. MOTHER'S MAIDEN NAME

Jannie Morningstar

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Romaine Slack - 203 Witherspoon Rd.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the
deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23A. SIGNATURE

Wanda B. Cella M. D.

23B. ADDRESS

65 Eager St. Balto.

23C. DATE SIGNED

2-2-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

2/3/52

24C. NAME OF CEMETERY OR CREMATORY

East Harrisburg Cem.

24D. LOCATION (City, town, or county)

Harrisburg, Pa.

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 3 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Schner & Sons 94a

ADDRESS

29044

Balto 17, Md.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1908
CITY OF NEW YORK
CERTIFICATE OF DEATH

DECEASED

NAME

AGE

SEX

RACE

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BURIAL

PLACE OF BURIAL

DATE OF INTERMENT

PLACE OF INTERMENT

52 1049

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1049

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ROBERT J. PETTY.

2. DATE
OF
DEATH

Feb 1, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

12-07

B. FULL NAME OF (If not in hospital or institution, give street address or location)

2732 Huntingdon Ave

c. Length of stay in Baltimore

Life.

D. STREET ADDRESS (If rural, give location)

2732 Huntingdon Ave

5. SEX

Male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Mar 3, 1878

9. AGE (In years last birthday)

73

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Chief Crane Teller Md. Syndicate

10B. KIND OF BUSINESS OR INDUSTRY

Md. Syndicate

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

John Petty

14. MOTHER'S MAIDEN NAME

Rose Mc Donald

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

215-22-6703

17. INFORMANT

Mary G. Petty-2732 Huntingdon Ave

ADDRESS

2732 Huntingdon Ave

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A)

DUE TO

Carcinoma tail of Pancreas with cerebral metastasis & L. hemiplegia

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

6 mos +

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerotic Heart Disease

4 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 48 to Feb 52, 1952, that I last saw the deceased alive on Feb 1, 1952, and that death occurred at 10 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

M. D.

23C. DATE SIGNED

23D. LOCATION (City, town, or county) (State)

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 4 - 1952

Huntington, Williams, M. D.

E. Bonoran - 3818 Roland Ave

VS 150

970-30

462

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. The first part of the paper is a list of the names of the persons who have been

admitted to the office of the Secretary of the State, and the names of the persons who have been

admitted to the office of the Secretary of the State, and the names of the persons who have been

admitted to the office of the Secretary of the State, and the names of the persons who have been

admitted to the office of the Secretary of the State, and the names of the persons who have been

admitted to the office of the Secretary of the State, and the names of the persons who have been

admitted to the office of the Secretary of the State, and the names of the persons who have been

admitted to the office of the Secretary of the State, and the names of the persons who have been

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JAMES ROYSTER

2. DATE
OF
DEATH

January 31, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

Harford

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Havre de Grace

D. STREET ADDRESS (If rural, give location)

117 N. Washington Street

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

10-24-1899

9. AGE (In years last birthday)

51

If Under 1 Year

Months

If Under 1 Year

Days

If Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Cook

10B. KIND OF BUSINESS OR INDUSTRY

Resturant

11. BIRTHPLACE (State or foreign country)

Richmond, Virginia

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

James A. Royster Sr.

14. MOTHER'S MAIDEN NAME

Laura Ragland

15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no or unknown) (If yes, give war or date of service)

Yes

World war # 1

16. SOCIAL SECURITY NO.

215-22-9761

17. INFORMANT

Mrs Emma J Royster 117 N. Washington St.

ADDRESS

18. E900.6

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Fracture of skull with subdural hematoma, and
XXXX extradural hematoma

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Contusion of Brain

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

Elk's Club

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

Elk's Club, Havre de Grace, Maryland

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

1/30/52

P.m.

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Slipped and fell down concrete steps

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

2/1/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 5, 1952

24C. NAME OF CEMETERY OR CREMATORY

Gravely Hill Cemetery

24D. LOCATION (City, town, or county) (State)

Near Havre de Grace, Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Havre de Grace, Md

VS 151

N-803.2

754 6M

186a

STATE OF NEW YORK
OFFICE OF THE COMMISSIONER OF DEPARTMENT OF CORRECTIONS

IN SENATE,
January 1, 1908.

REPORT OF THE COMMISSIONER OF THE DEPARTMENT OF CORRECTIONS
FOR THE YEAR 1907.

ALBANY:

WILLIAM S. BARRETT, PRINTER.

1908.

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4-500
7 52 1051

52 1051

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Herman A. John		Feb. 2/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md.			
B. FULL NAME OF HOSPITAL OR INSTITUTION 506 Drury Lane		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 28-04			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 506 Drury Lane			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH Sept. 5, 1886	9. AGE (In years last birthday) 65	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real Estate Appraiser		10B. KIND OF BUSINESS OR INDUSTRY OWN Business		11. BIRTHPLACE (State or foreign country) Penna/	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME -----John		14. MOTHER'S MAIDEN NAME Charlotte	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mr. H. Eugene John, 810 Olmstead Rd.	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) 420.1 I CORONARY THROMBOSIS		CAUSE OF DEATH Pikesville, Md. (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH 2/2/52	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO ARTERIO-SCLEROTIC CARDIO-VASCULAR DISEASE		2 + yrs	
(C) DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12/1, 1951, to 2/2, 1952, that I last saw the deceased alive on 2/1, 1952, and that death occurred at 2:20 a.m., from the causes and on the date stated above.					
23A. SIGNATURE Thos E. Cunniff		23B. ADDRESS M. D. 3629 Edmondson Ave		23C. DATE, SIGNED 2/3/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial.		24B. DATE Feb. 4/52		24C. NAME OF CEMETERY OR CREMATORY Woodlawn	
24D. LOCATION (City, town, or county) Woodlawn, Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR EB 4-1952		24F. REGISTRAR'S SIGNATURE Huntington Williams, Harry T. Lintz	
24G. FUNERAL DIRECTOR 4101 Edmondson Ave.		24H. ADDRESS			

VS 150

30074 050

937

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Blank form with horizontal lines for text entry.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <u>FRANCES CASCIO</u>		2. DATE OF DEATH <u>2/2/52</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>MD</u> B. COUNTY <u>BALTIMORE</u>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>37 MERCY HOSP</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>BALTIMORE 28-04</u>			
c. Length of stay in Baltimore <u>32</u>		D. STREET ADDRESS (If rural, give location) <u>101 WESTTOWN RD</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>5/16/74</u>	9. AGE (in years, last birthday) <u>77</u>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>H.W.I.F.F.</u>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>ITALY</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13. FATHER'S NAME <u>Joseph G. GRIOSO</u>		14. MOTHER'S MAIDEN NAME <u>CONCETTA BROCATO</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>?</u>		17. INFORMANT ADDRESS <u>HOSP RECORDS</u>	
18. <u>422.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>(A) ARTERIOSCLEROSIS</u> DUE TO <u>CARDIOVASCULAR DISEASE</u>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH <u>many years</u>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>(B)</u> <u>(C)</u>					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <u>TUBERCULOSIS</u>				<u>4 years</u>	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>2/3</u> , 1952 to <u>2/2</u> , 1952, that I last saw the deceased alive on <u>2/2</u> , 1952, and that death occurred at <u>4:20 P.M.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>C. R. Duckert</u>		23B. ADDRESS <u>MERCY HOSP</u>		23C. DATE SIGNED <u>2/2/52</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>Feb. 6/52</u>		24C. NAME OF CEMETERY OR CREMATORY <u>New Cathedral</u>	
				24D. LOCATION (City, town, or county) (State) <u>Balto. 29, Md.</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>FEB 4 - 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>		25. FUNERAL DIRECTOR ADDRESS <u>Harry J. Nitzke 1 Edmondson Ave.</u>	

TO: [illegible]
FROM: [illegible]
SUBJECT: [illegible]
DATE: [illegible]

[illegible text]

[illegible text]

M-600

52 1053

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1053

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

John L. Maier

2. DATE
OF
DEATH

Feb. 1/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE Md.

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

2705 Winchester St

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

16-07

D. STREET ADDRESS (If rural, give location)

2705 Winchester St

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Dnys

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov. 7, 1889

9. AGE (In years,
last birthday)

62

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Printer

10B. KIND OF BUSINESS OR
INDUSTRY

Burke & Co.

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Maier

14. MOTHER'S MAIDEN NAME

Mary Panzer

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Naomi Maier, 2705 Winchester St

18.

156.1 1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *Cerebral fever*
DUE TO

1 year

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

None

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 2, 1951, to 2-1, 1952 that I last saw the
deceased alive on 2-1, 1952 and that death occurred at 9:00 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Leon Adelman

23B. ADDRESS

M. D.

1201 Poplar Ave St

23C. DATE SIGNED

2-2-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 4/52

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer, Belair Rd. Baltimore, Md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

Feb 4-1952

REGISTRAR'S SIGNATURE

Huntington, William, M. D.

25. FUNERAL DIRECTOR

ADDRESS

101 Edmondson Ave.

VS 150

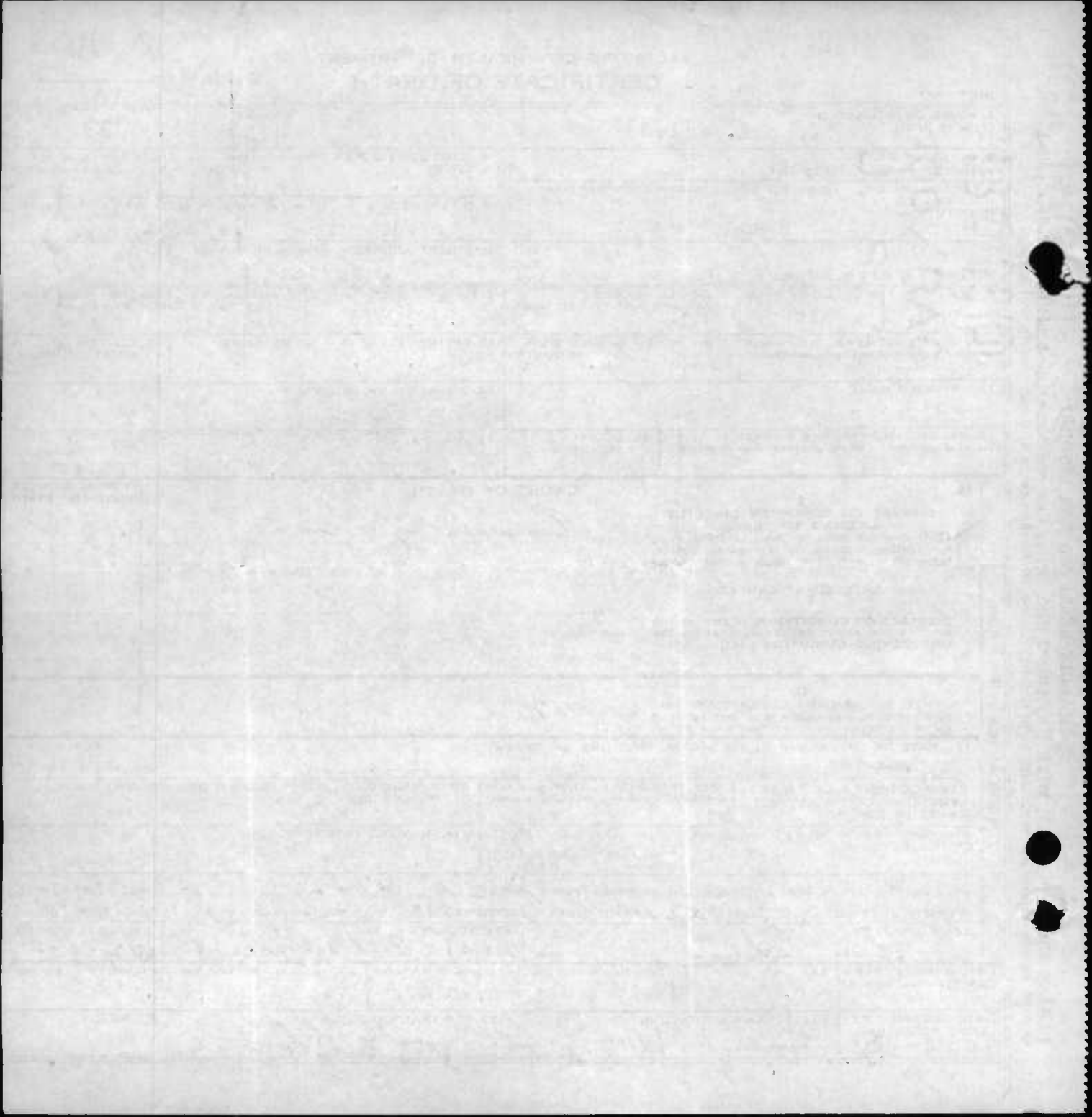
512 4M

46F

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



W-520 52 1054
REA-156254

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1054
Registered No. 7/1/85

BIRTH NO. FILM #G-605-mdf

1. NAME OF DECEASED (Type or Print) (Frank) Weems, James Kinney		2. DATE OF DEATH Feb. 3, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Avenue		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 11-04	
7. STREET ADDRESS (If rural, give location) 1307 Linden Avenue		8. D. STREET ADDRESS	
c. Length of stay in Baltimore 15 Yrs		9. AGE (In years last birthday) 71	
10. SEX Male	11. COLOR OR RACE White	12. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	13. DATE OF BIRTH 9/18/1880
14. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		15. KIND OF BUSINESS OR INDUSTRY FARMING	
16. FATHER'S NAME JAMES OLIVER WEEMS		17. MOTHER'S MAIDEN NAME MARY LOUISE HANCE	
18. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		19. SOCIAL SECURITY NO.	
20. INFORMANT Records: B. C. H. 4940 Eastern Avenue		21. ADDRESS	

18. **443 X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

INTERVAL BETWEEN ONSET AND DEATH
11 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(A) **Cerebral Thrombosis-R hemisphere**
DUE TO **Cerebral arteriosclerosis**

(B) **Hypertensive cardio vascular disease**
DUE TO **Generalized arteriosclerosis**

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

MEDICAL CERTIFICATION

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2-2 , 19 52 , to 2-3 , 19 52 , that I last saw the deceased alive on 2-3 , 19 52 , and that death occurred at 3:45 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE J. P. Rozen		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 2-3-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) General Daniel		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY Christ Church Cmt	
24D. LOCATION (City, town, or county) (State) Cabaret Co. Md		24E. DATE RECEIVED BY LOCAL REGISTRAR FEB 4-1952		24F. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
24G. FUNERAL DIRECTOR F. W. Hatching		24H. ADDRESS Caring Mill Md		24I. VS 150	

937

1004

SE

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1004

Name of Deceased		Sex		Age	
Date of Birth		Place of Birth		Usual Residence	
Date of Death		Place of Death		Cause of Death	
Time of Death		Physician's Signature		Medical Examiner's Signature	
Hospital or Institution		City		County	
State		Zip		Registrar's Signature	
Date of Registration		Registrar's Office		City	
County		State		Zip	

N-632

52 1055

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1055
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ida Norwitz

2. DATE
OF DEATH February 4, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2205 Callow Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

13-02

c. Length of stay in Baltimore

50 yrs.

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2205 Callow Avenue

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widow

8. DATE OF BIRTH

1863

9. AGE (in years last birthday)

89

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mary Mendelson- 2227 Callow Avenue

18.

585 X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Chronic pharyngitis

DUE TO

3 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Grill Bladder Adenoma

DUE TO

5 yrs.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

family

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER- Lying ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 4, 1947, to Feb 4, 1952, that I last saw the deceased alive on Feb 3, 1952, and that death occurred at 6:15 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Michael A. Abrams M.D.

23B. ADDRESS

1820 Callow place

23C. DATE SIGNED

Feb 4-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

2/4/52

24C. NAME OF CEMETERY OR CREMATORY

Beth Nemedrosh Hagadol

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 4 - 1952

Huntington Williams, M.D.

Sal. Herman Bros - 1124-26 W.

VS 150

North One
127a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

1907

RECEIVED - JULY 10, 1907

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RECEIVED - JULY 10, 1907

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52 1056

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1056

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Frieda M. Rome

2. DATE
OF
DEATH

2/2/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE

A. STATE

Md

Where deceased lived. If institution; residence before admission)
B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Union Memorial Hospital

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

13-01

D. STREET ADDRESS (If rural, give location)

2101 Park Ave.

C. Length of stay in Baltimore

17

Yrs.
Mo.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

Jul. 16, 1908

9. AGE (In years last birthday)

43

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Solomon Mendel

14. MOTHER'S MAIDEN NAME

Bertha Burk

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

Husband

ADDRESS

same

18.

204.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Myelocytic acute leukemia

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Bronchopneumonia, acute

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/10/52, 19, to 2/2/52, 19, that I last saw the deceased alive on 2/2/52, 19, and that death occurred at 3:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

William A. Anderson

23B. ADDRESS

Union Memorial Hosp.

23C. DATE SIGNED

2-2-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

2-4-52

24C. NAME OF CEMETERY OR CREMATORY

Okeh Solomon

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md

DATE RECEIVED BY LOCAL REGISTRAR

FEB 4 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Jack Lewis

ADDRESS

2100 Canton Rd

STATE OF NEW YORK
CERTIFICATE OF DEATH

John M. Smith

John M. Smith

July 11, 1904

John M. Smith

John M. Smith

John M. Smith

John M. Smith

John M. Smith

John M. Smith

John M. Smith

John M. Smith

John M. Smith

MALIN
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*Louis Malin*2. DATE
OF
DEATH*2/3/52*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

*Md.**Balto.*

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

*40*Yrs.
Mons.
Days

5. SEX

M

6. COLOR OR RACE

*J*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*Married*

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months Days If Under 24 Hours Hours Min.

52

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

*Storekeeper**Storekeeper*

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

Russia

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

*Julius Malin**Fannie ?*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Malin - wife

18.

443 X 1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) *C. U. T.*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *H. C. U. D.*

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from *2/2/52*, 19__, to *2/3/52*, 19__, that I last saw the deceased alive on *2/3*, 19__ and that death occurred at *10:40* a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

*Burial**2-4-52**Rosedale**Balto**Md*

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*EEB 4-1952**Huntington Williams, M.D. 2100 Eutan Rd*

1. Name of deceased

2. Date of death

3. Place of death

4. Cause of death

5. Manner of death

6. Name of physician

7. Name of medical examiner

8. Name of coroner

9. Name of funeral home

10. Name of hospital

11. Name of cemetery

12. Signature

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1058
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Sarah Harris Gross

2. DATE
OF
DEATH

2-1-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

39 Provident Hosp

C. CITY OR TOWN

Balto

(If outside corporate limits, write RURAL and give township)

15-01

c. Length of stay in Baltimore

55 yrs

D. STREET ADDRESS (If rural, give location)

1807 N. Mount St

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

1878

9. AGE (In years
last birthday)

73 yrs

11 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR
INDUSTRY

none

11. BIRTHPLACE (State or foreign country)

Calvert Co. Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Georganna Harris

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

John A. Gross 1807 N. Mount St

18.

420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Arteriosclerosis

ANTECEDENT CAUSES

(B)

DUE TO

Heart Disease

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-10, 1952 to 2-1, 1952, that I last saw the
deceased alive on 2-1, 1952, and that death occurred at 6:30 m., from the causes and on the date stated above.

23A. SIGNATURE

Harold P. Henderson

M. D.

23B. ADDRESS

1309 David Lee Dr

23C. DATE SIGNED

2-3-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2-4-1952

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

Balto

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 4-1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

James A. Hayes

ADDRESS

638 N. Schur St

C-654 52 1059

52 1059

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Lottie G. Cromwell		2. DATE OF DEATH 2-3-52	
3. PLACE OF DEATH: a. Baltimore City, Maryland Baltimore		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY Baltimore	
b. FULL NAME OF (If not in hospital or institution, give street address or location) Maryland General Hospital		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore life Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) 233 Blenheim Road	
5. SEX Female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH November 30, 1879
9. AGE (In years, last birthday) 72		10. UNDER 1 Year: Months Days; 11. UNDER 24 Hours: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? U. S.	
13. FATHER'S NAME Charles A. Gosnell		14. MOTHER'S MAIDEN NAME Tamsey Horan	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Edgar H. Cromwell		ADDRESS 233 Blenheim Road	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary thrombosis		INTERVAL BETWEEN ONSET AND DEATH 2 days	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive and arteriosclerotic cardiovascular disease		7	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-1-1952 to 2-3-1952 , that I last saw the deceased alive on 2-3-1952 , and that death occurred at 8-25 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE Anthony C. Vernon M.D.		23b. ADDRESS Maryland Gen. Hosp	
23c. DATE SIGNED 2/3/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-5-52	24c. NAME OF CEMETERY OR CREMATORY Loudon Park	24d. LOCATION (City, town, or county) (State) Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRY FEB 4 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR John Q. Mitchell & Sons, Inc.		ADDRESS -1900 Eutaw Place	

8001

8001

STATE OF NEW YORK

IN SENATE

January 1, 1901

REPORT

OF THE

COMMISSIONERS OF THE LAND OFFICE

IN RESPONSE TO A RESOLUTION

PASSED BY THE SENATE

1901

ALBANY:

JOHN W. BAKER, PRINTERS

1901

ALBANY

NEW YORK

STATE OF NEW YORK

IN SENATE

January 1, 1901

REPORT

OF THE

COMMISSIONERS OF THE LAND OFFICE

IN RESPONSE TO A RESOLUTION

PASSED BY THE SENATE

1901

ALBANY:

JOHN W. BAKER, PRINTERS

1901

ALBANY

NEW YORK

STATE OF NEW YORK

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

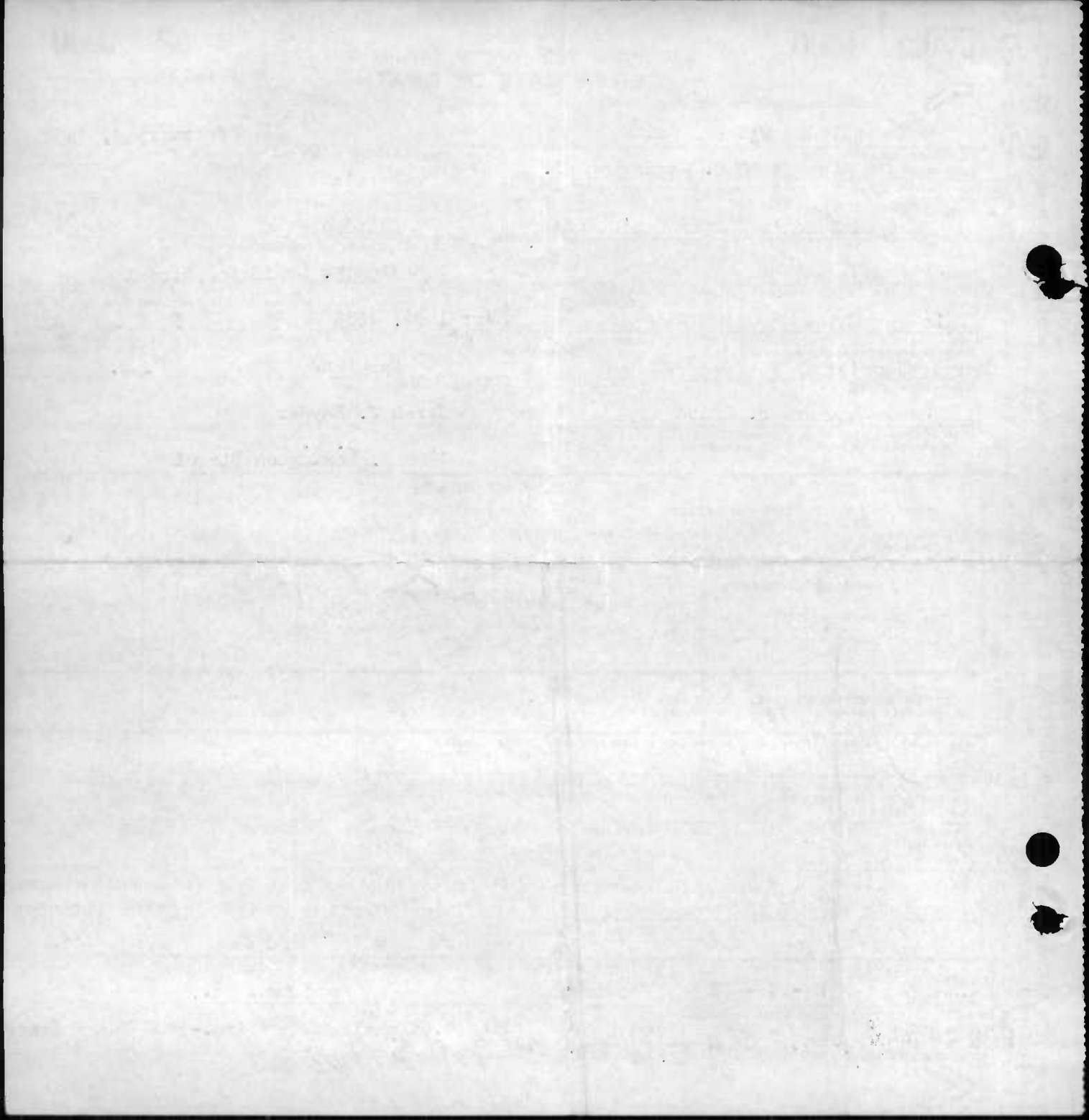
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) William Withers Smith			2. DATE OF DEATH February 1, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland 400 W. Lexington St. B. FULL NAME OF HOSPITAL OR INSTITUTION Aged Women's & Aged Men's Homes C. Length of stay in Baltimore 70 Yrs. Mos. Days			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore C. CITY OR TOWN 19-02 D. STREET ADDRESS (If rural, give location) 1400 W. Lexington Street		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 24, 1864	9. AGE (in years last birthday) 87	10. Under 1 Year Months: Days 9 8
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) horticulturist			11. BIRTHPLACE (State or foreign country) Maryland		
10B. KIND OF BUSINESS OR INDUSTRY retired			12. CITIZEN OF WHAT COUNTRY? U. S.		
13. FATHER'S NAME Richard H. Smith			14. MOTHER'S MAIDEN NAME Sarah J. Snyder		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (No)			16. SOCIAL SECURITY NO. _____		
17. INFORMANT L. H. Read			ADDRESS 1400 W. Lexington Street		

18. 477.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Central Embolus DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. arteriosclerotic C-V-D with Atrial Fibrillation DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH 24 hrs 1 yr
--	--	--

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan , 1950, to February 1, 1952 that I last saw the deceased alive on Jan 31, 1952 and that death occurred at 2.00 m., from the causes and on the date stated above.					
23A. SIGNATURE Newland Edward Day		23B. ADDRESS 4 E. 33rd St.		23C. DATE SIGNED Feb. 1, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 2 - 4 - 52		24C. NAME OF CEMETERY OR CREMATORY Woodlawn	
24D. LOCATION (City, town, or county) Woodlawn, Md.		25. FUNERAL DIRECTOR John O. Mitchell & Sons, Inc. ADDRESS -1900 Eutaw Place			
DATE RECEIVED BY LOCAL REGISTRAR FEB 4 - 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR John O. Mitchell	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*H. Elizabeth Duxty*2. DATE
OF
DEATH*Feb 1-1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Nursing Home*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL, and give township)

10 4700. Blk Harford Rd.

D. STREET ADDRESS (If rural, give location)

*Belair Rd.**5300*

c. Length of stay in Baltimore

*89- Yrs.
Mos.
Days*

5. SEX

F

6. COLOR OR RACE

*W*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*Widow*

8. DATE OF BIRTH

*Nov-5-1862*9. AGE (In years
last birthday)*89*If Under 1 Year
Months: Days10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*At Home*10B. KIND OF BUSINESS OR
INDUSTRY*OWN Home*

11. BIRTHPLACE (State or foreign country)

*Pa*12. CITIZEN OF
WHAT COUNTRY?*U.S.A.*

13. FATHER'S NAME

James H. Ransom

14. MOTHER'S MAIDEN NAME

*Mary Winchester*15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)*No*16. SOCIAL
SECURITY NO.*None*

17. INFORMANT

ADDRESS

Mrs. Chas. Quinlin 28 Burke Ave

18.

420.1.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

*Coronary Thrombosis*INTERVAL BETWEEN
ONSET AND DEATH*15 min.*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Essential hypertension, severe, undetected

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

*Arteriosclerotic Cardiovascular disease
Hemiplegia (due to B+C above)**6 mos.*

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *20 April, 1951*, to *2 Feb, 1952*, that I last saw the deceased alive on *30 Sept, 1951*, and that death occurred at *11:15pm.*, from the causes and on the date stated above.

23A. SIGNATURE

Edward L. Hall MD

23B. ADDRESS

7425 Harford Rd (14)

23C. DATE SIGNED

*2 Feb 52*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)*Burial*

24B. DATE

2/4/52

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cen

24D. LOCATION (City, town, or county)

Balto Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR*FEB 4 - 1952*

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Lpsosakin Funeral Home 7401 Belair Rd.

Dr. 11012
7425. Harford 126.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

W-340 52 1062
AB-155329

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 1062
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Thomas W. Wheatley		2. DATE OF DEATH Feb. 3-1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural) Dundalk			
c. Length of stay in Baltimore 12yrs		D. STREET ADDRESS (If rural, give location) Box 30, Maryland Ave., zone 22			
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Jun 8, 1916	9. AGE (In years last birthday) 35
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Thomas Wheatley		14. MOTHER'S MAIDEN NAME Virgie Seward (D)			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Baltimore City Hospitals Records: 4940 Eastern Ave.	
18. 204.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Acute Lymphatic Leukemia DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ DUE TO (C) _____				INTERVAL BETWEEN ONSET AND DEATH 3mos.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1-2- , 1952, to 2-3- , 1952 that I last saw the deceased alive on 2-3- , 1952, and that death occurred at 7.15Pm. , from the causes and on the date stated above.					
23A. SIGNATURE P. S. Crozen		M. D. 4940 Eastern Ave., Baltimore, Md.		23C. DATE SIGNED Feb. 4-1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 2/7/52		24C. NAME OF CEMETERY OR CREMATORY DORCHESTER CEM.	
24D. LOCATION (City, town, or county) (State) CAMBRIDGE, MO.		25. FUNERAL DIRECTOR ADDRESS JOHN F. DENNY, INC. 716 LIGHT ST BALTIMORE			
DATE RECEIVED BY LOCAL REGISTRAR FEB 4-1952		REGISTRAR'S SIGNATURE Huntington Williams, MD.		25. FUNERAL DIRECTOR ADDRESS JOHN F. DENNY, INC. 716 LIGHT ST BALTIMORE	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

W. 234

52 1063

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 52 1063

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Geraldine F. Whistler

2. DATE
OF
DEATH

Feb. 2, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
MD

B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or location)

University Hospital (DOA)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 18-01

D. STREET ADDRESS (If rural, give location)

902 W. BALTIMORE ST

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

June - 10 - 1883

9. AGE (In years last birthday)

68

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
RUTLAND, VERMONT.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS LINTHICUM

GERALD F. STARR. 218 POPLAR AVE. HGS. MD.

18. 4 yr 1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Arteriosclerotic Cardiovascular Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23. SIGNATURE

Wm. H. Kammer, Jr.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED
Feb. 2, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

Feb. 5 - 1952

24C. NAME OF CEMETERY OR CREMATORY

New CATHEDRAL Cem

24D. LOCATION (City, town, or county) (State)

4300 Old Frederick Rd

DATE RECEIVED BY LOCAL REGISTRAR

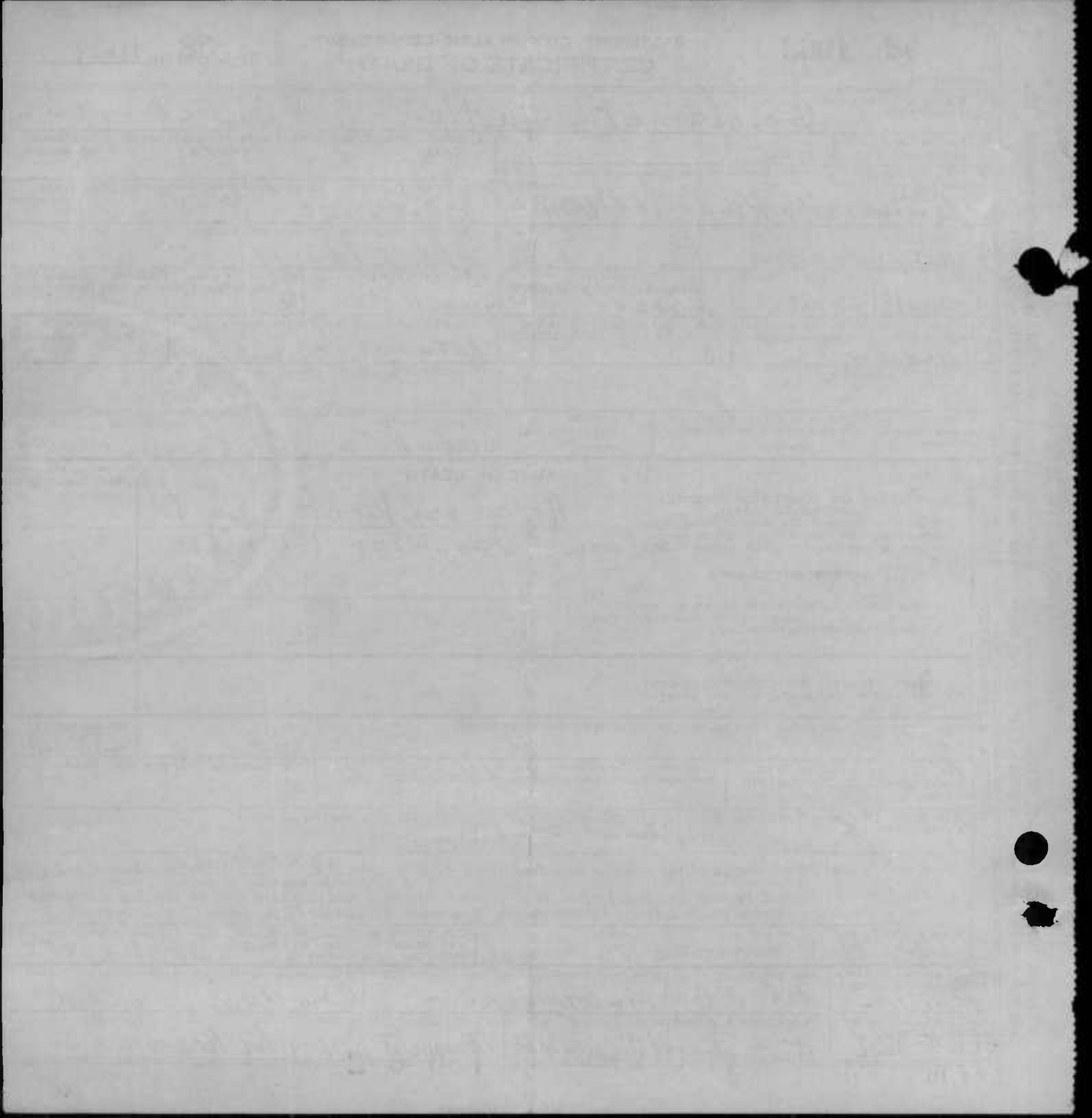
FEB 4 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Thomas J. Kenny, Inc. 1600 Hollins St



B-530

52 1064

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1064

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MILTON CAROL BOND

2. DATE
OF
DEATH

February 1, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Provident Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 14-02

D. STREET ADDRESS (If rural, give location)

632 Mosher Street

c. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

10-9-26

9. AGE (In years
last birthday)

25

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

3 23

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

PORTER

10B. KIND OF BUSINESS OR
INDUSTRY

RED CROSS.

11. BIRTHPLACE (State or foreign country)

BALTIMORE Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

CAROL BOND. Md.

14. MOTHER'S MAIDEN NAME

LILLIE BOND. Md.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

YES

U.S. N.

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

MR. CAROL BOND. 522 E. McMEHEN ST.

18. E982X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Stab wound of chest involving heart

~~with~~ with massive intrathoracic hemorrhage

ANTECEDENT CAUSES

(B) Cardiac tamponade

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

Street

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

Pennsylvania Avenue & Wilson Street

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

Feb. 1, 1952 9:00 P.m.

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☒
WORK AT WORK

21F. HOW DID INJURY OCCUR?

Sharp instrument

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE

William H. Bond

23B. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☒MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Feb. 2, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

2-7-52

24C. NAME OF CEMETERY OR CREMATORY

Balls Hall Cem

24D. LOCATION (City, town, or county)

Baltimore Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

J. B. Jackson 916 E. ...

FEB 4 - 1952

N-861.2

7808W

167

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

52 1065

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1065

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Bessie Elizabeth Kelly

2. DATE
OF
DEATH

1 Feb 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

1436 Pressman St.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 15-01

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1436 Pressman St.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.

Female

Colored

Married

17 Mar 1889

62

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY

U.S.A.

13. FATHER'S NAME

James Thornton

14. MOTHER'S MAIDEN NAME

Bessie Elizabeth Thornton

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mary C. Jones

1436 Pressman St.

18. 490X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Lobar Pneumonia

DUE TO

1 mo.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerotic heart disease

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 15, 1947, to 1 Feb, 1952, that I last saw the deceased alive on 1 Feb, 1952, and that death occurred at 6:55 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Renold B. L. (signature)

23B. ADDRESS

501 Cherry Hill Road

23C. DATE SIGNED

1 Feb 52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

2-6-52

MT. CALVARY CEM

A. G. Co-

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 4 - 1952

Huntington Williams, M.D.

William A. JACKSON

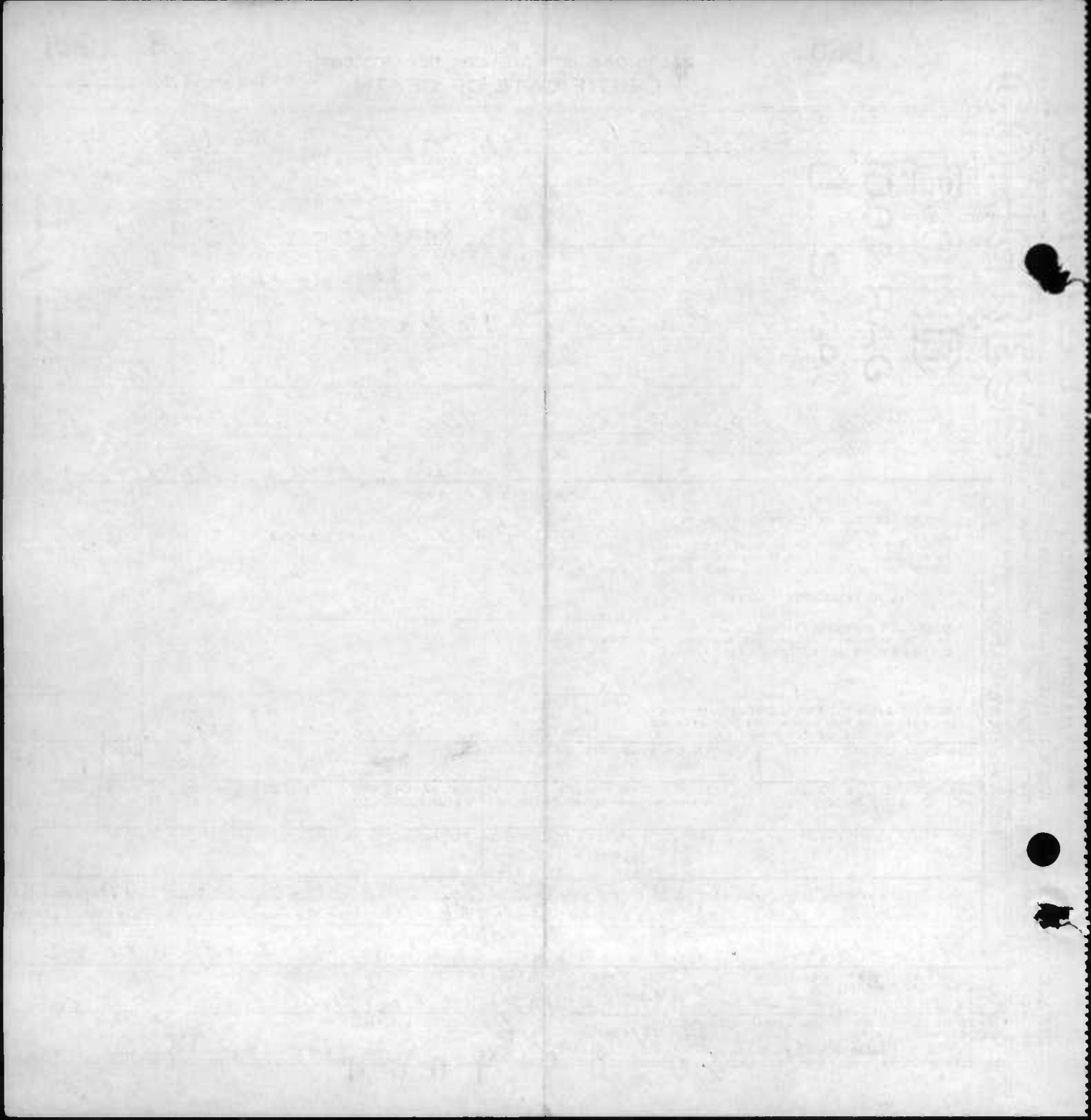
916 PENNA AVE

VS 150

108

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



Dr. Flynn

11 E. Chase St.

BALTIMORE CITY HEALTH DEPARTMENT

52 1066

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

52 1066

1. NAME OF DECEASED
(Type or Print)

Irvin T. Sweeting

2. DATE
OF
DEATH

Feb. 1. 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence
before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

2820 Glendale Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

27-07

D. STREET ADDRESS (If rural, give location)

2820 Glendale Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

Jan. 20, 1885

9. AGE (In years
last birthday)

67

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired Baker

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Thomas Sweeting

14. MOTHER'S MAIDEN NAME

? Joynes

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Marie E. Sweeting, 2820 Glendale

18.

420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Coronary Occlusion

INTERVAL BETWEEN
ONSET AND DEATH

Immediately

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Arteriosclerotic Cardiovascular

(C) DUE TO

Disease

5 yrs.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK22. I hereby certify that I attended the deceased from 1:15-5:30, 1952, to 2-1, 1952, that I last saw the
deceased alive on 1-31, 1952, and that death occurred at 3:10 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. Flynn

M. D.

23B. ADDRESS

11 E. Chase St

23C. DATE SIGNED

2/2/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2-5-52

24C. NAME OF CEMETERY OR CREMATORY

Moreland Mem. Park

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Leonard J. Ruck, 5305 Harford Road.

FEB 4 - 1952

500 44

92D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

100% COTTON
MADE IN U.S.A.
BOND
CONGRUOUS
WATER

F-652 Dr. Grott

52 1067

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1067

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Christina Mary Flora Franz

2. DATE
OF
DEATH

Feb. 1. 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

2603 Evergreen Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

27-06

D. STREET ADDRESS (If rural, give location)

2603 Evergreen Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

Jan. 8, 1899

9. AGE (In years
last birthday)

53

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Frank Hallameyer

14. MOTHER'S MAIDEN NAME

Anna Amrhein

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Dorothy Mahan, 2603 Evergreen

18.

170X I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Generalized carcinoma

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Cancer of breast

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

4 MO.

9 MO.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1951, to Feb. 1, 1952, that I last saw the
deceased alive on Feb. 1, 1952 and that death occurred at 5:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

2-4-52

Holy Redeemer

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 4 - 1952

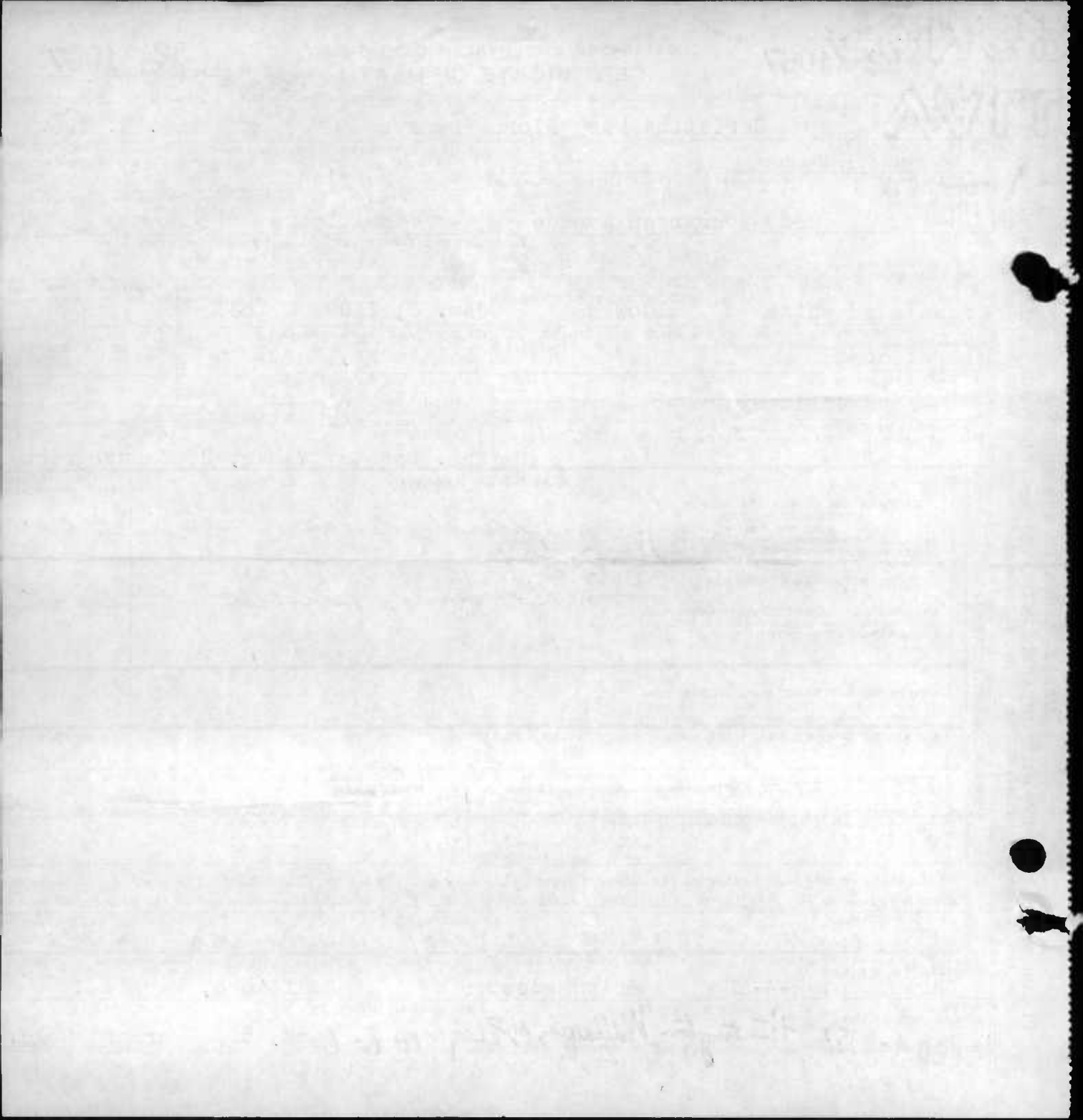
Huntington Williams, M.D. Leonard J. Buck, 5305 Harford Road.

150

50

MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



52 1068

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 1068

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William G. DAVIDSON

2. DATE
OF
DEATH

Feb 2, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Md.

B. COUNTY

before admission)

5. FULL NAME OF
HOSPITAL OR
INSTITUTION

Church Home & Hosp.

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

617 New Jersey Ave

c. Length of stay in Baltimore

72

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 27, 1878

9. AGE (In years
last birthday)

73

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Lessor Officer

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

DAVIDSON

Mr John J

14. MOTHER'S MAIDEN NAME

WELLER Charlotte

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

213-18-3240

17. INFORMANT

Mrs. Davidson

ADDRESS

617 N. Jersey Ave.

18. 163X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Myocardial Infarction acute

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) coronary arteriosclerosis

DUE TO

(C) Ca of lung

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

atherosclerosis of the heart

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 28, 1952 to Feb 2, 1952 that I last saw the
deceased alive on Feb 1, 1952 and that death occurred at 6 a.m., from the causes and on the date stated above.

23A. SIGNATURE

E. Davidson

M. D.

23B. ADDRESS

Church Home & Hosp.

23C. DATE SIGNED

2/2/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb 6, 1952

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery

24D. LOCATION (City, town, or county)

North Ave. Road St. Paul

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

4642 Belair Road

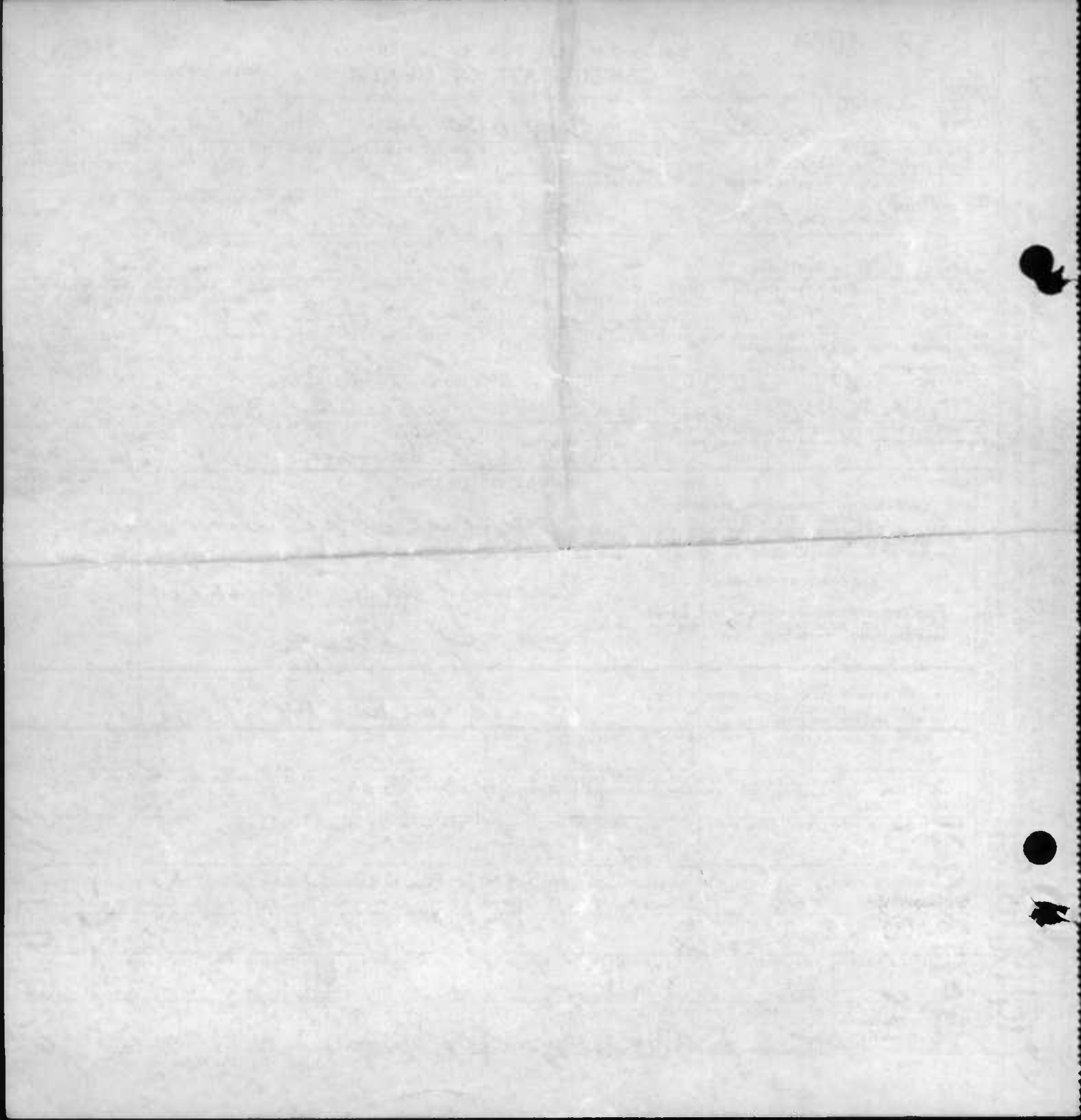
ADDRESS

FEB 4 - 1952

VS 150

47D

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.



W-256
Dr. M. Lang
2117 Belair Road
52 1069

712 1517,
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1069
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Elizabeth Agnes Wagner

2. DATE
OF
DEATH February 2, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY _____

B. FULL NAME OF (If not in hospital or institution, give street address or location)

812 Cold Spring Lane

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 27-14

D. STREET ADDRESS (If rural, give location)

812 Cold Spring Lane

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

B. DATE OF BIRTH

Oct. 18, 1890

9. AGE (In years last birthday)

71

If Under 1 Year Months: Days
If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Shields

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Dorothy Miller

18.

420 1
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute myocardial infarction

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

30 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerotic cardio-

DUE TO

vascular renal disease

1939

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 11-20-1939, to 2-1-1952, that I last saw the deceased alive on 2-1-1952, and that death occurred at 5:20 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2- -52

24C. NAME OF CEMETERY OR CREMATORY

Western Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

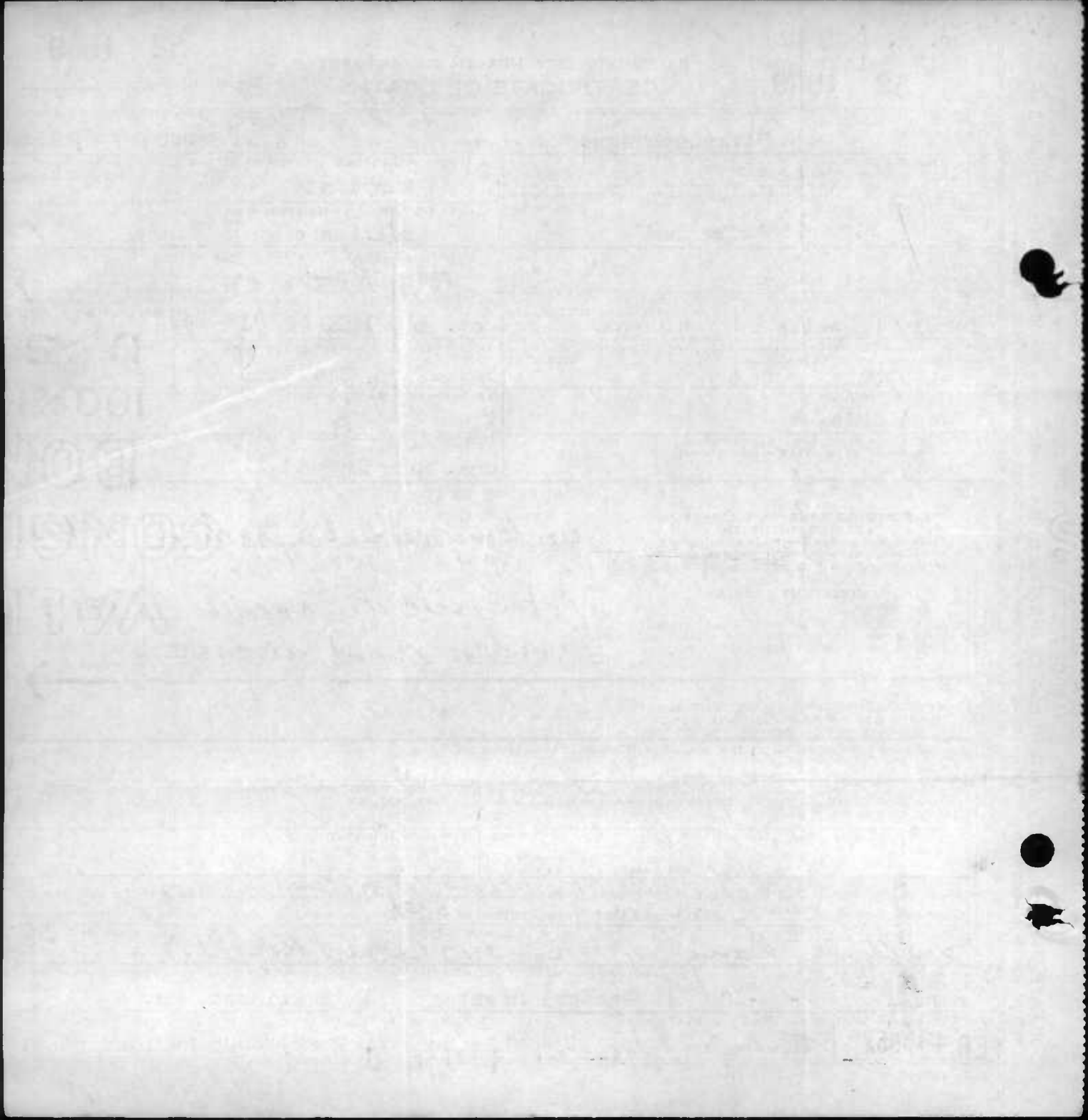
FEB 4 - 1952

Huntington Williams, M.D.

Leonard J. Ruck, 5305 Harford Road.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



CERTIFICATE OF DEATH

STATE OF NEW YORK

1948

10/1/48



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Heinold Miss Katie

2. DATE
OF
DEATH

Jan. 31, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)Church Home Hospital
Baltimore 31, Maryland.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

7-02

D. STREET ADDRESS (If rural, give location)

518 N. Milton Ave.

c. Length of stay in Baltimore

77 years

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

March 13, 1874

9. AGE (In years
last birthday)

77 years

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF
WHAT COUNTRY?

U. S. A

13. FATHER'S NAME

Heinold John

14. MOTHER'S MAIDEN NAME

Jewellin, Kate

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Annis Sigmund N. Milton

18.

157X I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

(A)

DUE TO

Carcinoma of Pancreas & invasion
of Stomach & Duodenum

(B)

DUE TO

Thrombophlebitis iliac veins 28 days.

(C)

Hypertensive Cardio Vascular Disease.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Pulmonary infarction Rx

19A. DATE OF OPERATION

December 26, 1951

19B. MAJOR FINDINGS OF OPERATION

Extension of Pancreas to
extension to stomach, omentum, & transverse colon

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from December 1, 1951, to January 31, 1952 that I last saw the
deceased alive on Jan. 31, 1952. and that death occurred at 9:20 P.M., from the causes and on the date stated above.

23. SIGNATURE

J. Sigmund

23B. ADDRESS

Church Home Hospital.

23C. DATE SIGNED

2/1/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Feb 4-1952

Baltimore

Baltimore Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

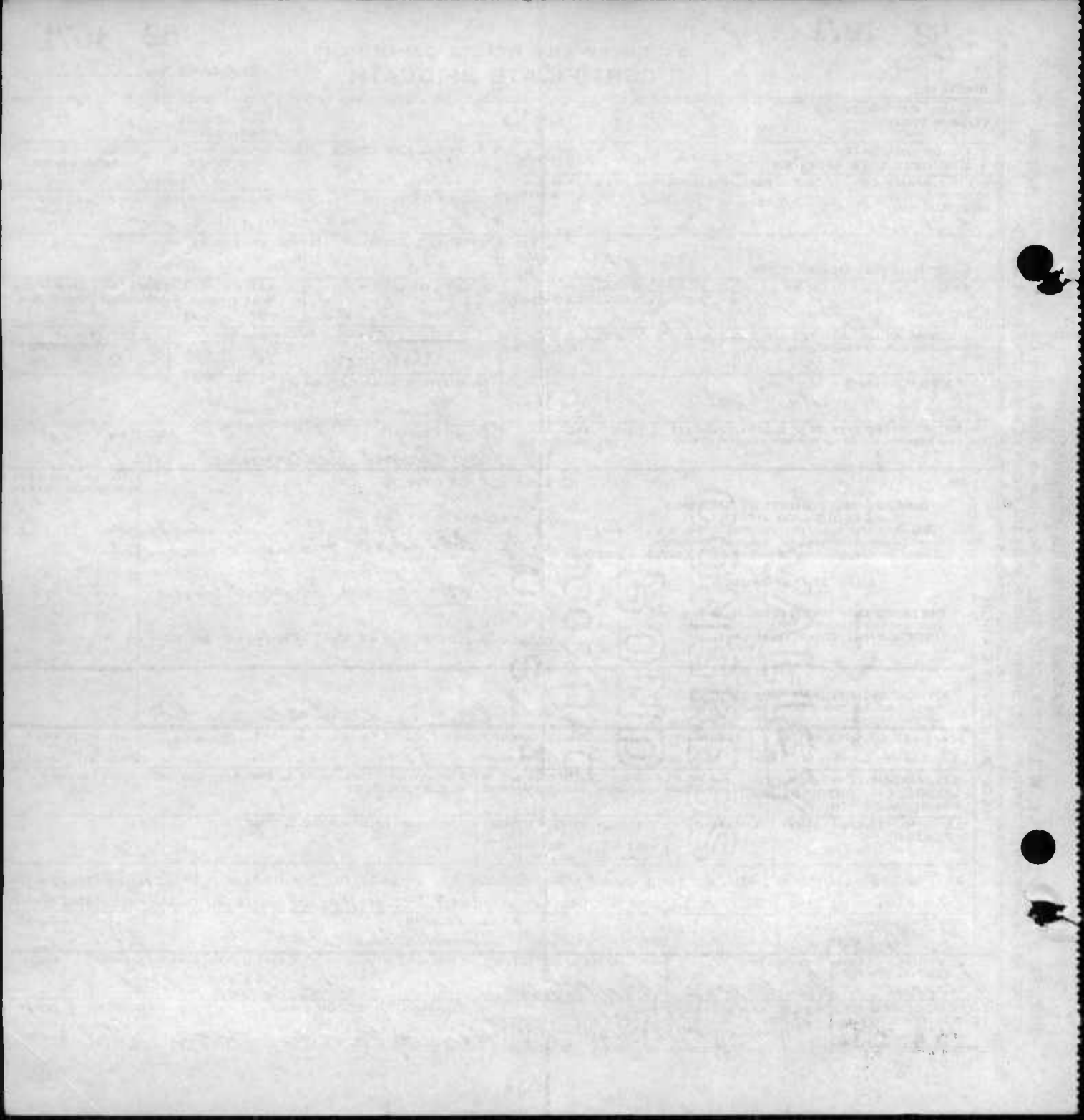
ADDRESS

FEB 4-1952

Huntington Williams, M.D.

Ulrich Funeral Home

2008



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1072

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William Chandler

2. DATE
OF
DEATH

Jan 31, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

Md

B. FULL NAME OF (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Baltimore 7-05
1624 Jefferson St

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18.

332X

CAUSE OF DEATH

Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebrovascular Accident

2 wks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Generalized Arterio Sclerosis

5 yrs +

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

? Myocardial Infarct

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from 1/19/52, to 1/31/52, that I last saw the deceased alive on 1/31/52, and that death occurred at 11:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

0048F

82B

908

1934 JAN 12

1934

1934 JAN 12
1934 JAN 12
1934 JAN 12

1934 JAN 12
1934 JAN 12

1934 JAN 12

1934 JAN 12

1934 JAN 12

1934 JAN 12

K-5452 1073

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1073
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANNA. K. KOMMALAN

2. DATE
OF
DEATH

1/31/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

MD

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 1-01

D. STREET ADDRESS (If rural, give location)

922 S. ELLWOOD AVE

B. FULL NAME OF (If not in hospital or institution, give street address or location)

922 S. ELLWOOD AVE

C. Length of stay in Baltimore

LIFE

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

NOV. 5-1861

9. AGE (In years last birthday)

90

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

AT HOME

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTIMORE MD

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

GEORGE WARNEKE

14. MOTHER'S MAIDEN NAME

NOT KNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

MRS. MINNIE SIEGEL 3711 DELVERNE AVE

18.

420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

Hypertensive Cerebrovascular Cv.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Decomposition
Acute Coronary Occlusion

(C)

INTERVAL BETWEEN ONSET AND DEATH

2000 2 1949

1-31-52

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

None

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

None

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

None

21E. INJURY OCCURRED WHILE AT WORK ☐ OR AT HOME ☒

m.

21F. HOW DID INJURY OCCUR?

None

22. I hereby certify that I attended the deceased from 202, 1949, to Jan 31, 1952, that I last saw the deceased alive on Jan 15, 1951, and that death occurred at 5:23 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Edith Schimmick

23B. ADDRESS

842 J. Entine

23C. DATE SIGNED

2-1-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

2/4/52

24C. NAME OF CEMETERY OR CREMATORY

LOU DON PARK

24D. LOCATION (City, town, or county)

BALTIMORE MD

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Walligues, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Blanchard F. Hoffmann 1639 Broadway

FEB 4 - 1952

93D

D-41932 1074
D-100BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1074
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Lettie Dolbey (DOUBAY)			2. DATE OF DEATH Feb. 4, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1312 W. Lexington St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. 19-02		
C. Length of stay in Baltimore ? Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1312 W. Lexington St.		
5. SEX F	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 1/15/92	9. AGE (In years last birthday) 60	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H. Wife		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Va.	
13. FATHER'S NAME Chas. Blackwell			12. CITIZEN OF WHAT COUNTRY? U. S. A.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. none		
17. INFORMANT Lense Clemons			ADDRESS 1312 W. Lexington St.		

18. 334X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) apoplexy (A) DUE TO	INTERVAL BETWEEN ONSET AND DEATH 2 wk
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerosis (B) DUE TO	2 mos
(C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 18-52 , 19 52 , to Feb 3-52 , 19 52 , that I last saw the deceased alive on Feb 3 , 19 52 , and that death occurred at m. , from the causes and on the date stated above.					
23A. SIGNATURE F. N. Cardoso		23B. ADDRESS 1524 Druid Hill Ave. M. O.		23C. DATE SIGNED 2-4-52	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 2/6/52	24C. NAME OF CEMETERY OR CREMATORY Lillian Va.	24D. LOCATION (City, town, or county) (State) Lillian, Va.
DATE RECEIVED BY LOCAL REGISTRAR FEB 4-1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR Geo. G. Nelson		ADDRESS 1303 Presstman St.	

Unit 5

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

July 1, 1964

Dear Sir:

Re: [illegible]

[illegible]

1

2

3

4

5

Very truly yours,

[illegible]

[illegible]

[illegible]

Very truly yours,
[illegible]

cc: [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

N-243 52 1075

52 1075

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Louis S. Nickles

2. DATE
OF
DEATH

2/2/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

1144 W. Lombard St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 18-03

C. Length of stay in Baltimore

Life

D. STREET ADDRESS (If rural, give location)

1144 W. Lombard St.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)10. Under 1 Year
Months Days
11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS
1144 W. Lombard St.

18.

526 X I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from Jan 1941 to Feb 1952 that I last saw the
deceased alive on 1/31/52, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 4 - 1952

VS 150

554 93

10612

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

MEDICAL CERTIFICATION

OFFICE OF THE SECRETARY

MAILED

B-6382 1076

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 1076

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Broda

2. DATE
OF
DEATH

Feb 3, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Wol Bui 2

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md

B. COUNTY

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

JOHN HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 21

D. STREET ADDRESS (If rural, give location)

468 Cape May Road

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

6-18-81

9. AGE (In years last birthday)

70

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Chauffeur

10B. KIND OF BUSINESS OR INDUSTRY

Balto Co.

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Stephen Broda

14. MOTHER'S MAIDEN NAME

Rose Valiska

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHN HOPKINS HOSPITAL

18.

180X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Post operative Pneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Post operative Immobilization

DUE TO

(C)

Surg for Carcinoma of Kidney & Prostate

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

1-23-52

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of Prostate

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-7-1952 to 2-3-1952, that I last saw the deceased alive on 2-3-1952, and that death occurred at 8:00 A. M., from the causes and on the date stated above.

23A. SIGNATURE

William Hopkins

23B. ADDRESS

JOHN HOPKINS HOSPITAL

23C. DATE SIGNED

2-3-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 6-1952

24C. NAME OF CEMETERY OR CREMATORY

St. Stanislaus

24D. LOCATION (City, town, or county)

Balto., Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

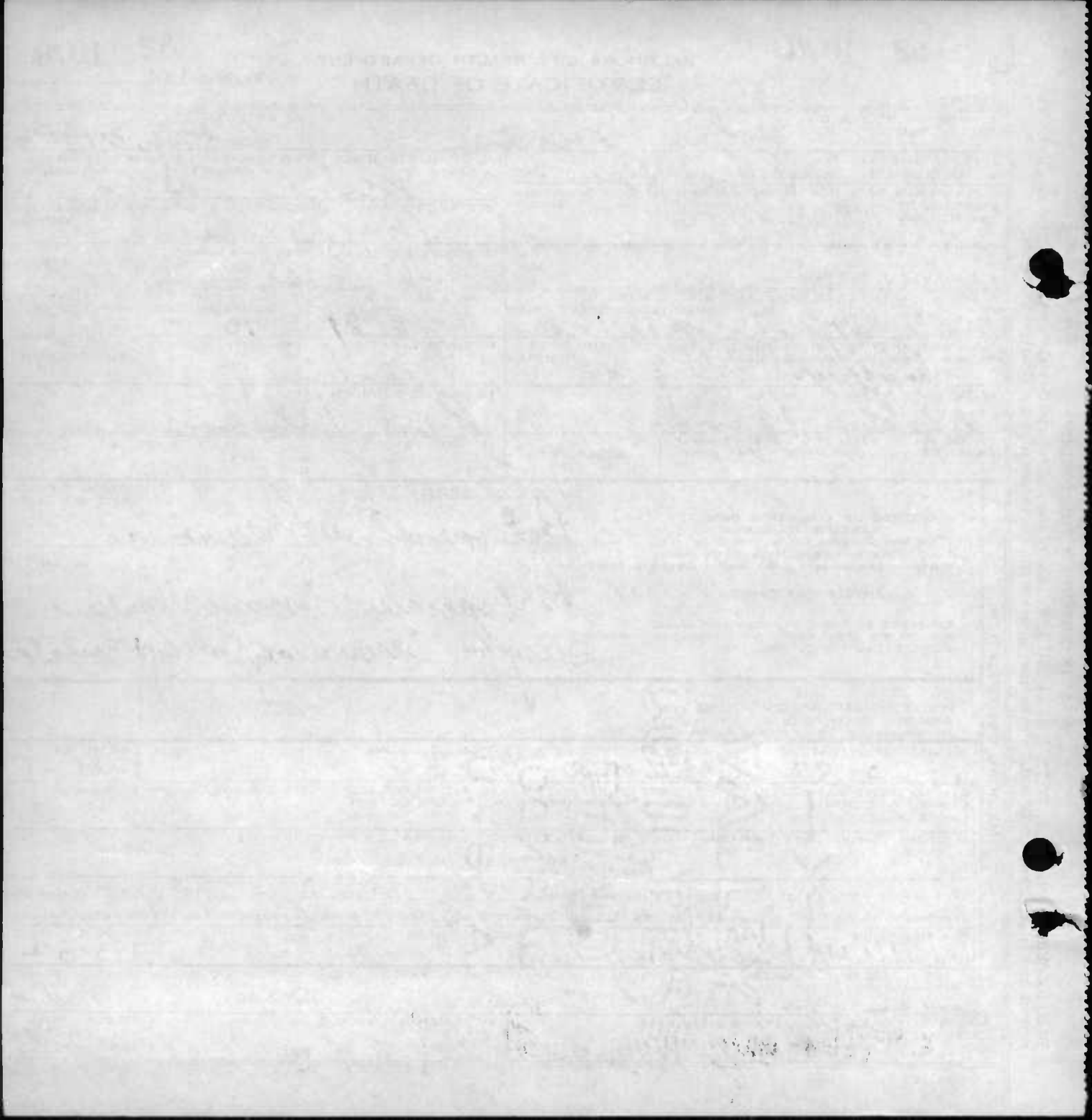
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John G. Connolly

ADDRESS

Essex Md



N-5052 1077

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1077
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Ellen Nimmo

2. DATE
OF
DEATH

2-3-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

Baltimore

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

12-02

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Union Memorial Hospital

c. Length of stay in Baltimore

64

Yrs.
Mos.
Days

O. STREET ADDRESS (If rural, give location)

3410 Oakenshaw Place

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

Oct. 4, 1887

9. AGE (In years,
last birthday)

64

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Clerk

10B. KIND OF BUSINESS OR
INDUSTRY

S.S. AGENCY. FED.

11. BIRTHPLACE (State or foreign country)

Maryland - BALTO

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

William H. Hundertmark

14. MOTHER'S MAIDEN NAME

MARY ELLEN BULL

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Sidney Geister 3612 Delverne Rd

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Carcinoma of stomach with
local and distant metastases

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Bilateral duplication of uterus

lifetime

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-28, 1951, to 2-3, 1952, that I last saw the
deceased alive on 2-3, 1952, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Hedra S. Nelson

M. D.

23B. ADDRESS

Baltimore 18, Maryland

23C. DATE SIGNED

Feb 3, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/6/52

24C. NAME OF CEMETERY OR CREMATORY

Prospect Hill Cem. Towson Md

24D. LOCATION (City, town, or county)

TOWSON MD

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Mr. O. T. ...

ADDRESS

...

FEB 4 - 1952

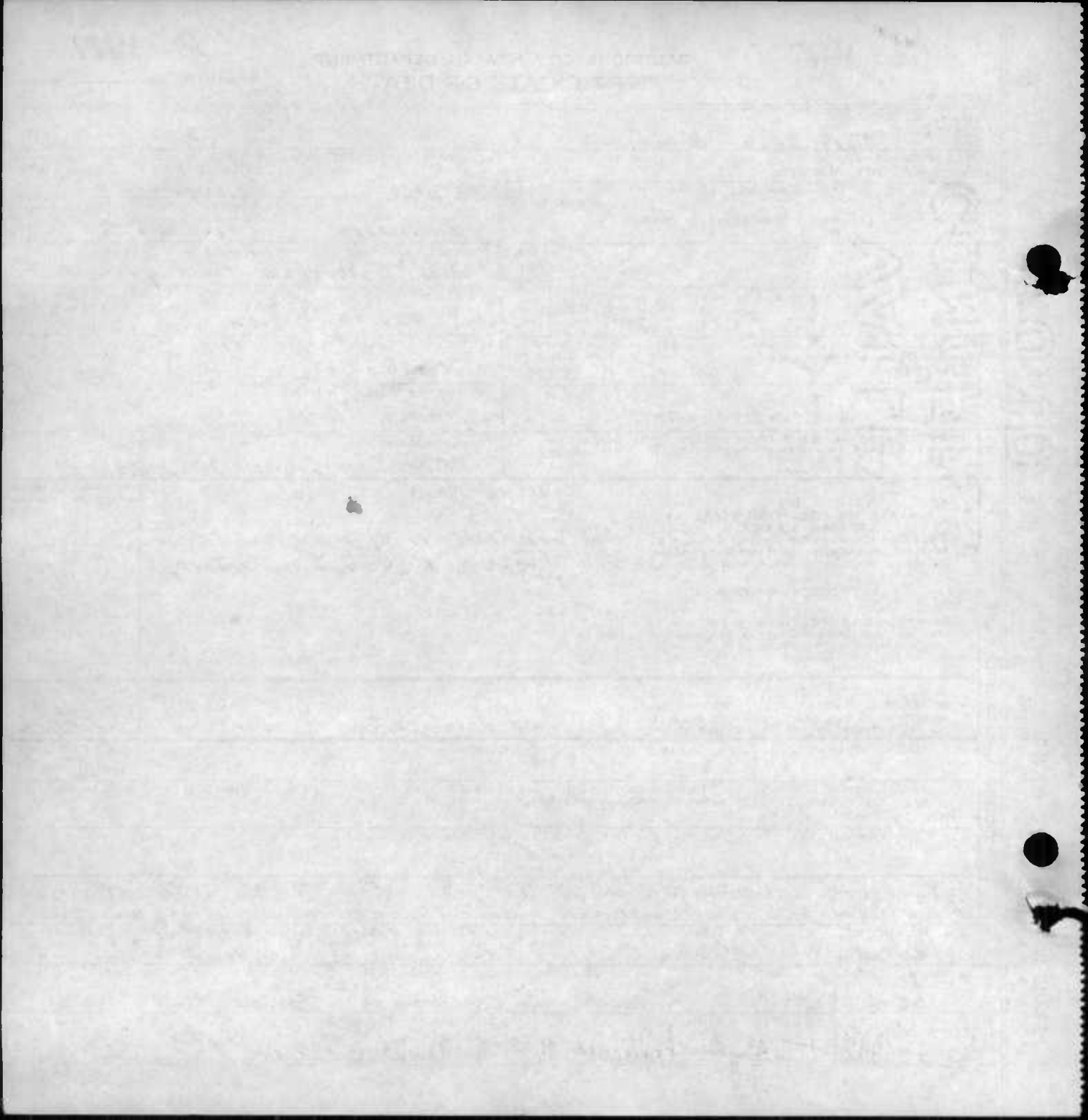
VS 150

39055

46B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



452-1078
ND-113381

CERTIFICATE CORRECTED 11/14/52 ES
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1078

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles Williams

2. DATE
OF
DEATH

Feb. 1, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)Baltimore City Hospitals
4940 Eastern Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

B.C.H. 4940 Eastern Avenue

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

April 17, 1888

9. AGE (In years
last birthday)

63

10. Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Cab Driver

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Edgar Williams (D)

14. MOTHER'S MAIDEN NAME

Sadie Burgee (D)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.17. INFORMANT Baltimore City Hospitals
Records: 4940 Eastern Avenue

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Pneumonia, broncho

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

3 Days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Massive Hematemesis

DUE TO

Esophageal varices with hematemesis
(etiology unknown)

15 Minutes

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-27, 1947, to 2-1, 1952, that I last saw the
deceased alive on 2-1, 1952, and that death occurred at 10:55 a.m., from the causes and on the date stated above.

23A. SIGNATURE

H. Hogen

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

2-1-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2-4-52

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge

24D. LOCATION (City, town, or county)

Pikesville Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Ellsworth Armacost

4600 Liberty Heights Ave.

FEB 4 - 1952
VS 150

68254

See query reply in document file.

RECEIVED
JAN 10 1964

CERTIFICATE CORRECTED 2-11-52

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Frank John Kern Jr.

2. DATE
OF
DEATH

Feb. 1, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 916 Dartmouth Road

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

27-48

D. STREET ADDRESS (If rural, give location)

916 Dartmouth Road

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct. 13-1914

9. AGE (In years

last birthday)

(57) 39

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Circulation Supervisor Balto. News

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Frank J. Kern Sr.

14. MOTHER'S MAIDEN NAME

Elizabeth Dasch

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

World War 2

16. SOCIAL SECURITY NO.

215 07 9404

17. INFORMANT

ADDRESS

Eleanore V. Kern 916 Dartmouth Rd.

18.

470.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Coronary Occlusion

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Hypertensive C-V Dis.

(C) DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

1 hour

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 1, 1952, to Feb. 1, 1952, that I last saw the deceased alive on Feb. 1, 1952, and that death occurred at 11:40 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Chas. E. Carr

M. D.

23B. ADDRESS

6002 York Rd.

23C. DATE SIGNED

2/4/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 5 1952

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county) (State)

4300 Old Fredk. Road

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington, William, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Ellsworth, Arnold, 4600 Liberty Heights

FEB 4 1952

290 4M

93D

Dr. Chas., E. Carr Jr. 6007 York Road

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians write the causes of death clearly and legibly.

52 1080

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1080

Registered No. _____

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Annie Ford		Feb 2 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 27 South Bond Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 3-01			
c. Length of stay in Baltimore 18 Yrs.		D. STREET ADDRESS (If rural, give location) 27 South Bond Street			
5. SEX Female	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH May-11-1909	9. AGE (In years last birthday) 42	If Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10B. KIND OF BUSINESS OR INDUSTRY Private	11. BIRTHPLACE (State or foreign country) Annapolis Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Charles Stevens		14. MOTHER'S MAIDEN NAME Sarah Jane Johnson		17. INFORMANT ADDRESS John Batten 27 S. Bond St	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.			
18. 493X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) pneumonia DUE TO (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH 11 days	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan. 25, 1952, to Feb. 2, 1952, that I last saw the deceased alive on Feb. 2, 1952, and that death occurred at 4 A. M., from the causes and on the date stated above.					
23A. SIGNATURE [Signature]		23B. ADDRESS M. D. 924 - V. Broadway		23C. DATE SIGNED 2/4/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2-5-52		24C. NAME OF CEMETERY OR CREMATORY Mt. Soler	
24D. LOCATION (City, town, or county) Brooklyn		24E. STATE Md.			
DATE RECEIVED BY LOCAL REGISTRAR FEB 4 - 1952		REGISTRAR'S SIGNATURE Huntington Williams		25 FUNERAL DIRECTOR Chas. O. Wilson	
				ADDRESS 1000 Buntley Ave	

VS 150

7208A

109B

0091 SC

UNITED STATES DEPARTMENT OF AGRICULTURE

OFFICE OF THE SECRETARY

WASHINGTON, D. C.

7-10

July 10, 1914

Dear Sir:

Very truly yours,

Respectfully,
J. H. ...

Enclosed for the Bureau are ...

Very truly yours,

J. H. ...

Very truly yours,

J. H. ...

Very truly yours,

J. H. ...

Very truly yours,

J. H. ...

Very truly yours,

J. H. ...

Very truly yours,

J. H. ...

Very truly yours,

J. H. ...

Very truly yours,

J. H. ...

Very truly yours,

J. H. ...

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

W-452
52 1081

CERTIFICATE CORRECTED 2-25-52
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 1081

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Williams, Arthur Leroy		2. DATE OF DEATH February 2, 1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY Baltimore			
b. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Lutherville			
c. Length of stay in Baltimore 13 yr.		d. STREET ADDRESS (If rural, give location) 1517 Norman Ave.			
5. SEX M.	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 31, 1902	9. AGE (in years last birthday) 49 50	10. Under 1 Year Months: Days: Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Radar Tester		10b. KIND OF BUSINESS OR INDUSTRY Bendix Corporation		11. BIRTHPLACE (State or foreign country) Pennsylvania	
13. FATHER'S NAME Albert Williams		14. MOTHER'S MAIDEN NAME Theda Troutman			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 195-01-8277		17. INFORMANT Mrs. Josephine Williams, Lutherville, Md.	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute anterior coronary occlusion with infarction; Congestive failure		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.		(A) DUE TO			
		(B) DUE TO			
		(C) DUE TO			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from February 1, 1952 , to February 2, 1952 , that I last saw the deceased alive on Feb. 2, 1952 , and that death occurred at 1:30 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE [Signature]		23B. ADDRESS 1400 N. Caroline St.		23C. DATE SIGNED Feb. 2, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Feb. 5, 1952		24C. NAME OF CEMETERY OR CREMATORY St. Joseph's Cemetery	
24D. LOCATION (City, town, or county) Texas, Balto. Co., Md.		24E. STATE (State)		25. FUNERAL DIRECTOR John Burns & Sons, Towson, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR FEB 4 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		ADDRESS	

552 3M

94a

DEATH CERTIFICATE

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of informant		12. Date of registration	
13. Name of funeral home		14. Name of cemetery		15. Name of burial place	
16. Name of next of kin		17. Name of executor		18. Name of administrator	
19. Name of guardian		20. Name of trustee		21. Name of beneficiary	
22. Name of heir		23. Name of legatee		24. Name of devisee	
25. Name of executor		26. Name of administrator		27. Name of guardian	
28. Name of trustee		29. Name of beneficiary		30. Name of heir	
31. Name of legatee		32. Name of devisee		33. Name of executor	
34. Name of administrator		35. Name of guardian		36. Name of trustee	
37. Name of beneficiary		38. Name of heir		39. Name of legatee	
40. Name of devisee		41. Name of executor		42. Name of administrator	
43. Name of guardian		44. Name of trustee		45. Name of beneficiary	
46. Name of heir		47. Name of legatee		48. Name of devisee	
49. Name of executor		50. Name of administrator		51. Name of guardian	
52. Name of trustee		53. Name of beneficiary		54. Name of heir	
55. Name of legatee		56. Name of devisee		57. Name of executor	
58. Name of administrator		59. Name of guardian		60. Name of trustee	
61. Name of beneficiary		62. Name of heir		63. Name of legatee	
64. Name of devisee		65. Name of executor		66. Name of administrator	
67. Name of guardian		68. Name of trustee		69. Name of beneficiary	
70. Name of heir		71. Name of legatee		72. Name of devisee	
73. Name of executor		74. Name of administrator		75. Name of guardian	
76. Name of trustee		77. Name of beneficiary		78. Name of heir	
79. Name of legatee		80. Name of devisee		81. Name of executor	
82. Name of administrator		83. Name of guardian		84. Name of trustee	
85. Name of beneficiary		86. Name of heir		87. Name of legatee	
88. Name of devisee		89. Name of executor		90. Name of administrator	
91. Name of guardian		92. Name of trustee		93. Name of beneficiary	
94. Name of heir		95. Name of legatee		96. Name of devisee	
97. Name of executor		98. Name of administrator		99. Name of guardian	
100. Name of trustee		101. Name of beneficiary		102. Name of heir	
103. Name of legatee		104. Name of devisee		105. Name of executor	
106. Name of administrator		107. Name of guardian		108. Name of trustee	
109. Name of beneficiary		110. Name of heir		111. Name of legatee	
112. Name of devisee		113. Name of executor		114. Name of administrator	
115. Name of guardian		116. Name of trustee		117. Name of beneficiary	
118. Name of heir		119. Name of legatee		120. Name of devisee	
121. Name of executor		122. Name of administrator		123. Name of guardian	
124. Name of trustee		125. Name of beneficiary		126. Name of heir	
127. Name of legatee		128. Name of devisee		129. Name of executor	
130. Name of administrator		131. Name of guardian		132. Name of trustee	
133. Name of beneficiary		134. Name of heir		135. Name of legatee	
136. Name of devisee		137. Name of executor		138. Name of administrator	
139. Name of guardian		140. Name of trustee		141. Name of beneficiary	
142. Name of heir		143. Name of legatee		144. Name of devisee	
145. Name of executor		146. Name of administrator		147. Name of guardian	
148. Name of trustee		149. Name of beneficiary		150. Name of heir	
151. Name of legatee		152. Name of devisee		153. Name of executor	
154. Name of administrator		155. Name of guardian		156. Name of trustee	
157. Name of beneficiary		158. Name of heir		159. Name of legatee	
160. Name of devisee		161. Name of executor		162. Name of administrator	
163. Name of guardian		164. Name of trustee		165. Name of beneficiary	
166. Name of heir		167. Name of legatee		168. Name of devisee	
169. Name of executor		170. Name of administrator		171. Name of guardian	
172. Name of trustee		173. Name of beneficiary		174. Name of heir	
175. Name of legatee		176. Name of devisee		177. Name of executor	
178. Name of administrator		179. Name of guardian		180. Name of trustee	
181. Name of beneficiary		182. Name of heir		183. Name of legatee	
184. Name of devisee		185. Name of executor		186. Name of administrator	
187. Name of guardian		188. Name of trustee		189. Name of beneficiary	
190. Name of heir		191. Name of legatee		192. Name of devisee	
193. Name of executor		194. Name of administrator		195. Name of guardian	
196. Name of trustee		197. Name of beneficiary		198. Name of heir	
199. Name of legatee		200. Name of devisee		201. Name of executor	
202. Name of administrator		203. Name of guardian		204. Name of trustee	
205. Name of beneficiary		206. Name of heir		207. Name of legatee	
208. Name of devisee		209. Name of executor		210. Name of administrator	
211. Name of guardian		212. Name of trustee		213. Name of beneficiary	
214. Name of heir		215. Name of legatee		216. Name of devisee	
217. Name of executor		218. Name of administrator		219. Name of guardian	
220. Name of trustee		221. Name of beneficiary		222. Name of heir	
223. Name of legatee		224. Name of devisee		225. Name of executor	
226. Name of administrator		227. Name of guardian		228. Name of trustee	
229. Name of beneficiary		230. Name of heir		231. Name of legatee	
232. Name of devisee		233. Name of executor		234. Name of administrator	
235. Name of guardian		236. Name of trustee		237. Name of beneficiary	
238. Name of heir		239. Name of legatee		240. Name of devisee	
241. Name of executor		242. Name of administrator		243. Name of guardian	
244. Name of trustee		245. Name of beneficiary		246. Name of heir	
247. Name of legatee		248. Name of devisee		249. Name of executor	
250. Name of administrator		251. Name of guardian		252. Name of trustee	
253. Name of beneficiary		254. Name of heir		255. Name of legatee	
256. Name of devisee		257. Name of executor		258. Name of administrator	
259. Name of guardian		260. Name of trustee		261. Name of beneficiary	
262. Name of heir		263. Name of legatee		264. Name of devisee	
265. Name of executor		266. Name of administrator		267. Name of guardian	
268. Name of trustee		269. Name of beneficiary		270. Name of heir	
271. Name of legatee		272. Name of devisee		273. Name of executor	
274. Name of administrator		275. Name of guardian		276. Name of trustee	
277. Name of beneficiary		278. Name of heir		279. Name of legatee	
280. Name of devisee		281. Name of executor		282. Name of administrator	
283. Name of guardian		284. Name of trustee		285. Name of beneficiary	
286. Name of heir		287. Name of legatee		288. Name of devisee	
289. Name of executor		290. Name of administrator		291. Name of guardian	
292. Name of trustee		293. Name of beneficiary		294. Name of heir	
295. Name of legatee		296. Name of devisee		297. Name of executor	
298. Name of administrator		299. Name of guardian		300. Name of trustee	

N 400
52 1082BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1082

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Neal

2. DATE
OF
DEATH

Feb 1, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Med Op 4

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

md

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 30

D. STREET ADDRESS (If rural, give location)

2542 Annapolis Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.

Female Colored

Widowed

5-2-83

68

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Patrick Stevenson

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

18.

331X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Vascular Accident

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B)

Arteriosclerosis

years

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 1-30-1952, 1952, that I last saw the
deceased alive on 2-1-1952, and that death occurred at 11:45 a.m. from the causes and on the date stated above.

23A. SIGNATURE

Carl Y. Johnson

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

2/1/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

13

Feb 7, 1952

Victim

Va

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 4 - 1952

Huntington, Williams, M.D.

Joseph C. Rums

1200 McCall St

VS 150

82a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2000

WASH. STATE

THE STATE OF WASHINGTON
COUNTY OF _____

I, _____
do hereby certify that _____
is a _____

of the County of _____
State of Washington

Witness my hand and seal this _____ day of _____
19____

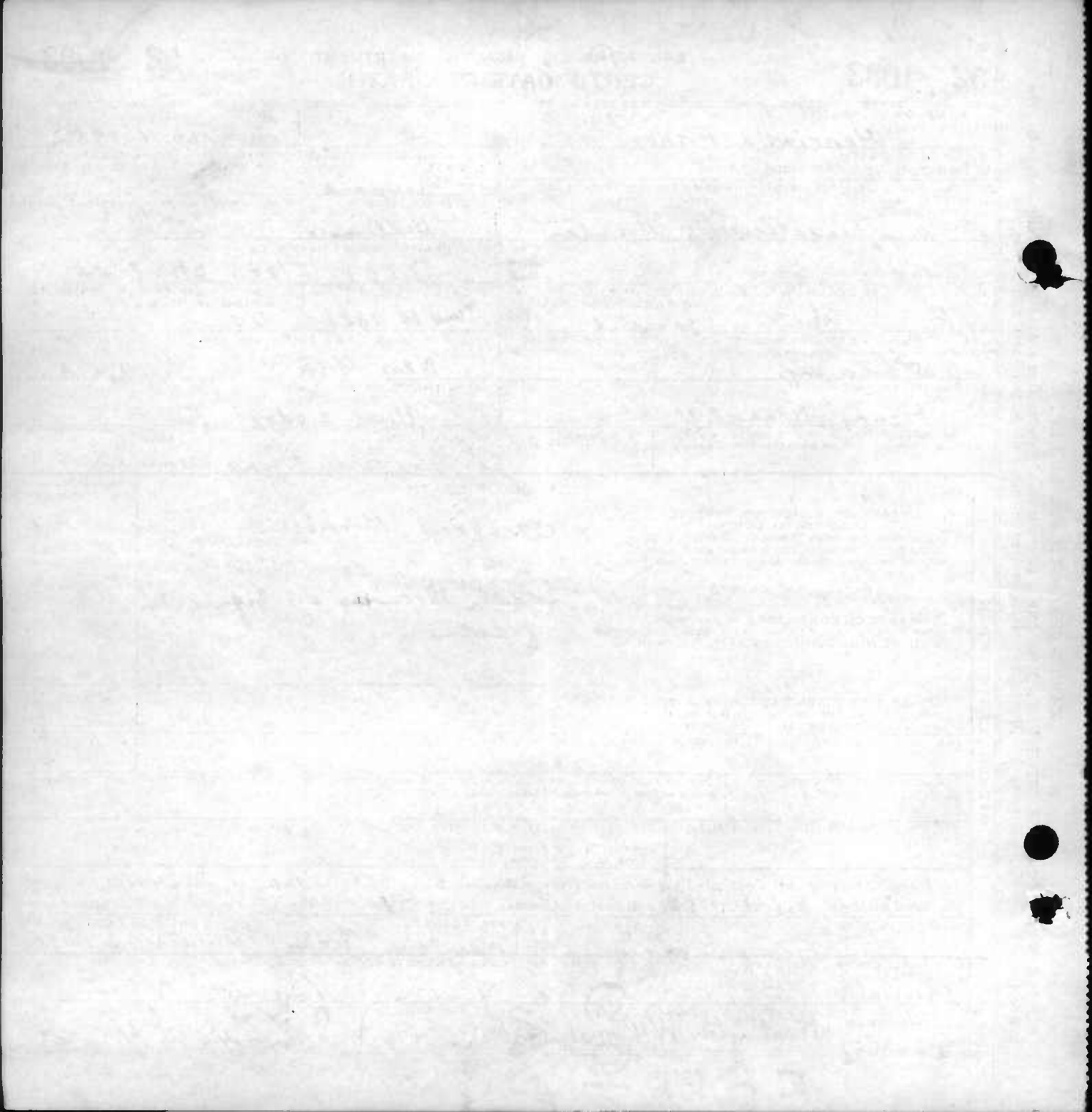
VALLEY
COUNTY
BOND

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1083

52 1083
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Henrietta Fisher</i>			2. DATE OF DEATH <i>Feb. 1, 1952</i>		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>1-0</i>		
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>48 Maryland General Hospital</i>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
c. Length of stay in Baltimore <i>60</i> Yrs. <i>None</i> Days			d. STREET ADDRESS (If rural, give location) <i>3101 Fleet St. #24</i>		
5. SEX <i>F.</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>June 14, 1881</i>		9. AGE (In years last birthday) Months: Days: Hours: Min. <i>70</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House wife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>	11. BIRTHPLACE (State or foreign country) <i>New York</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Henry Stancliff</i>			14. MOTHER'S MAIDEN NAME <i>Alice Dodge</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>Andrew Fisher - Son - same address</i>		
18. <i>332X</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) <i>Cerebral Thrombosis</i>			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES (B) <i>Saddle thrombosis of bifurcation of aorta</i>					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION <i>0</i>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Jan. 23</i> , 1954 to <i>Feb. 1</i> , 1952, that I last saw the deceased alive on <i>Feb. 1</i> , 1952, and that death occurred at <i>3:50</i> m., from the causes and on the date stated above.					
23a. SIGNATURE <i>Dr. J. L. L...</i>		23b. ADDRESS <i>Maryland General Hospital</i>		23c. DATE SIGNED <i>Feb. 1, 1952</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>2-5-52</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Oak Lawn</i>	
24d. LOCATION (City, town, or county) (State) <i>Balto - Md</i>		25. FUNERAL DIRECTOR <i>W. J. Fisher</i>		ADDRESS <i>403 S. Wolfe St.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 4 - 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS <i>W. J. Fisher</i>	



52-200
1084

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1084

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Mary V. Sachs		2-2-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE		B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION		Md.			
731 S. Glover St		Baltimore - Md.		1-03	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)			
Lif.		731 S. Glover Street			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years last birthday)	If Under 1 Year Months: Days
F.	W.	Widowed	12-13-75	76	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
Housewife			Baltimore - Md.	U.S.A.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
Henry Wacker		Elizabeth McMinch			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
				Alberta Baerig - 731 S. Glover St	
18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		(A) Pulmonary oedema.			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE. (A) STATING THE UNDERLYING CONDITION LAST.		(B) Hypertensive Cardiovascular Disease.			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C)			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1/25/1952, to 2/2/1952, that I last saw the deceased alive on 2/1/1952, and that death occurred at 2:10 P.M., from the causes and on the date stated above.		23A. SIGNATURE		23B. ADDRESS	
M. D.		2711 Carter Ave.		2/4/52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		2-6-52		Oak Lawn	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	
FEB 4 - 1952		Huntington Williams		403 S. Wacker	

VS 150

937

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

Dr. Jaworski.

2711 Costa Ave.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 1085

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FRANK LIJEWSKI

2. DATE
OF
DEATH

February 1, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1737 Fleet Street

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

11-28-06

9. AGE (in years last birthday)

45

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore - Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Stanley

14. MOTHER'S MAIDEN NAME

Hella

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

John Hopkins Hos - Balto - Md.

18. **490x**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Lobar Pneumonia**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William L. Smith

23B. CHIEF MEDICAL EXAMINER ☐

ASSISTANT MEDICAL EXAMINER ☒

23C. DATE SIGNED

1/2/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2-5-52

24C. NAME OF CEMETERY OR CREMATORY

Balto - National

24D. LOCATION (City, town, or county)

Balto - Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

FEB 4 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

John A. Smith, Jr. - 4035 N. York

V S 151

108

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2002

ST

STATE OF UTAH

COUNTY OF KANE

1000



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 1086**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Bronislawa Korzybski

2. DATE
OF
DEATH

Feb. 3, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto. City

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

STATE

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

1602 Cypress St.

C. CITY OR TOWN

Balto.

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1602 Cypress St.

c. Length of stay in Baltimore

50

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

Widowed

(Specify)

8. DATE OF BIRTH

9. AGE (In years

last birthday)

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

62

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Jan Kaszubinski

14. MOTHER'S MAIDEN NAME

Jozefa

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Gerseviere Korzybski 1602 Cypress St.

18. *332X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral thrombosis

2 weeks

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Cerebral arteriosclerosis

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT

NOT WHILE

m.

WORK ☐

AT WORK ☐

22. I hereby certify that I attended the deceased from *Jan.*, 19*50*, to *Feb. 3*, 19*51*, that I last saw the deceased alive on *Feb. 2*, 19*52*, and that death occurred at *6 A. m.*, from the causes and on the date stated above.

23A. SIGNATURE

Sidney B. Gensler

23B. ADDRESS

4700 Pennington ave.

23C. DATE SIGNED

2/4/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 6 - 1952

24C. NAME OF CEMETERY OR CREMATORY

Holy Cross

24D. LOCATION (City, town, or county)

A. A. Co.

(State)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

FEB 4 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

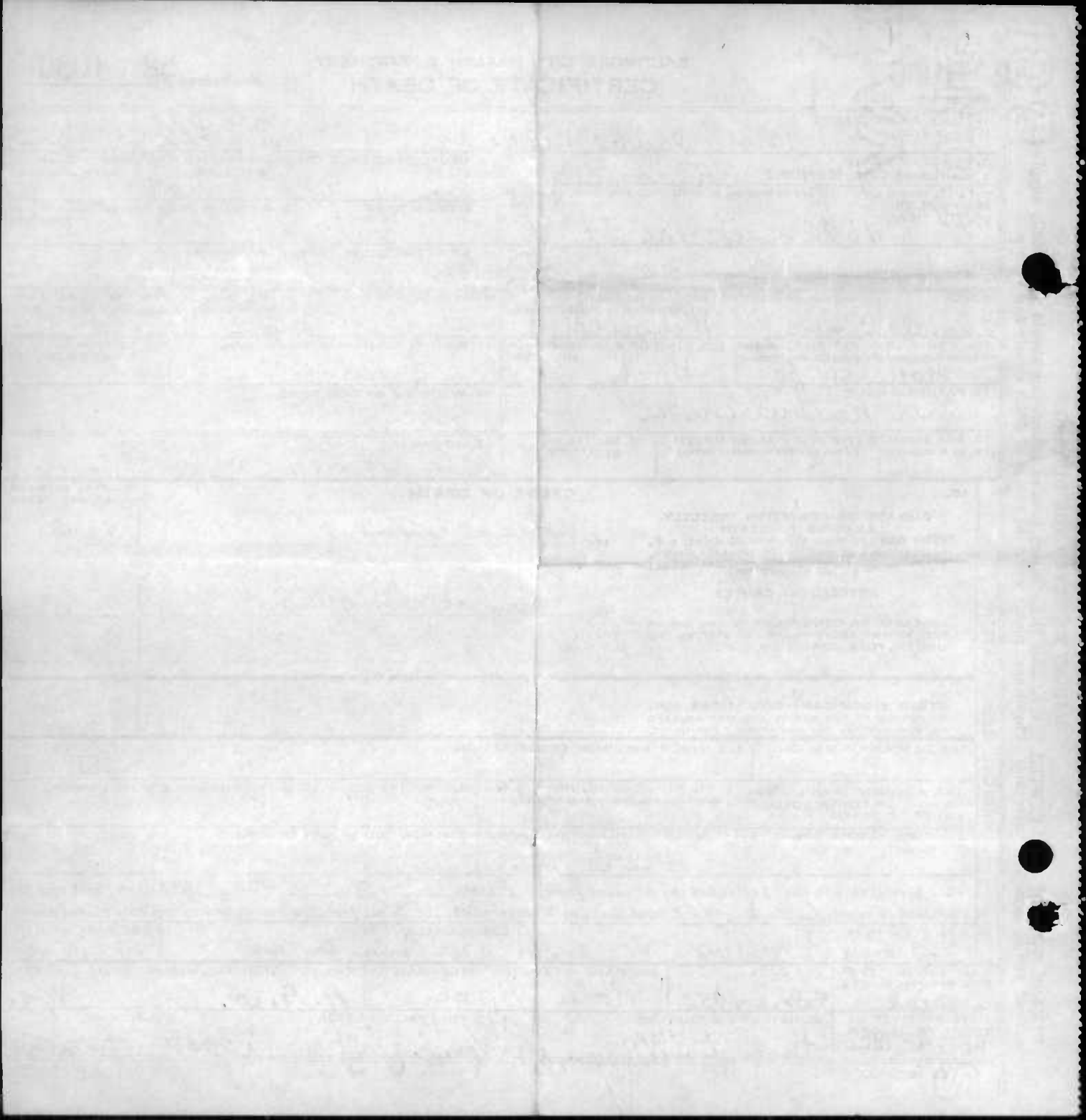
25. FUNERAL DIRECTOR

Wm. S. Fialkowski 2007 Eastern Ave

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 1087BIRTH NO. 52 10871. NAME OF DECEASED
(Type or Print)Alexandria (or) Alexandra Norak (or) Novik2. DATE
OF
DEATHFeb - 3 - 52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto2-02

D. STREET ADDRESS (If rural, give location)

227 S. Ann St

c. Length of stay in Baltimore

40 yrs.

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

May 8 - 1885

9. AGE (In years last birthday)

66

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR INDUSTRY

House Work

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

?Rupinski

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

ADDRESS

Sophie Michalowski 9 N. Martyn Ave

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

(A)

Cerebral hemorrhage3 days

DUE TO

ANTECEDENT CAUSES

(B)

Generalized arterio-sclerosisyears?

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from Jan 30, 1952, to Feb. 3, 1952, that I last saw the deceased alive on Feb. 1, 1952, and that death occurred at 8:4 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Sigmund R. Nowak

M. D.

23B. ADDRESS

408 S. Patterson Park Gr.

23C. DATE SIGNED

Feb. 3, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb 5 - 52

24C. NAME OF CEMETERY OR CREMATORY

Holy Trinity Cem.

24D. LOCATION (City, town, or county)

Laners Hill Rd Balto

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

FURNERIAL DIRECTOR

ADDRESS

1800 E. Lombard St

FEB 4 - 1952

VS 150

83a

Y-400

52 1088

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1088

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. Lucy Jane Yealy

2. DATE
OF
DEATH

February 2, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

1208 Union Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1208 Union Avenue

c. Length of stay in Baltimore

70 years

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

July 21, 1867

9. AGE (In years
last birthday)

84

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

U S A

13. FATHER'S NAME

Norcross

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Emanuel J. Yealy

1208 Union Avenue

18.

443 X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Hypertensive C.V. Dis.

See page

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Pneumonia

Pneumonia

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER:
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 1, 1952 to Feb. 2, 1952 that I last saw the
deceased alive on Feb. 1, 1952 and that death occurred at 3:15 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Edward F. Burgee

23B. ADDRESS

48 Teally Rd.

23C. DATE SIGNED

2/3/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 5, 1952

24C. NAME OF CEMETERY OR CREMATORY

St. Mary's (Hampden)

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Burgee Funeral Home

3631 Falls Road

FEB 4 - 1952

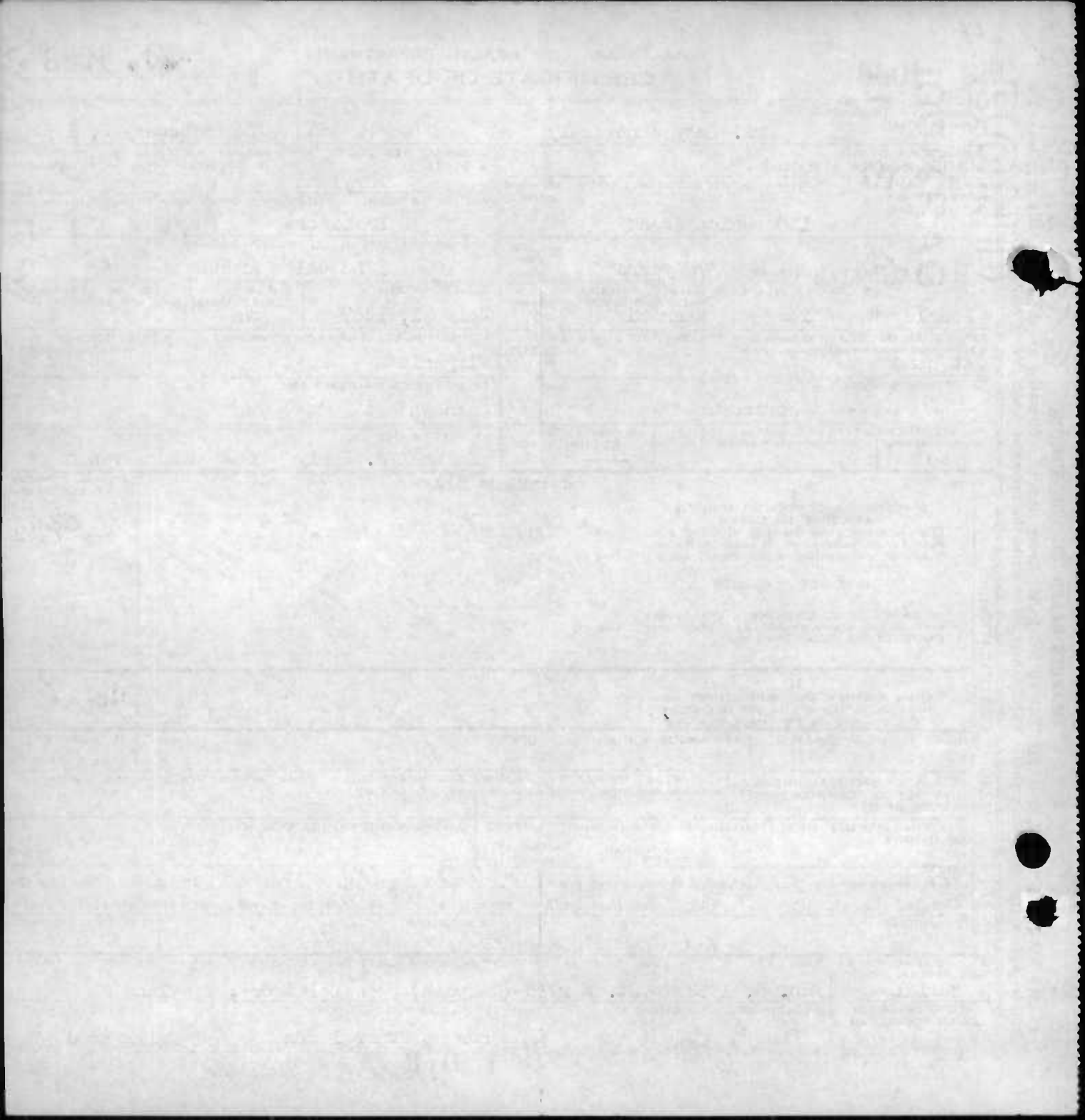
VS 150

Edward F. Burgee

937

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52-1089

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

PETER THOMAS CONACHY

2. DATE
OF
DEATH

2-3-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

UNION MEMORIAL HOSPITAL

C. CITY OR TOWN

BALTIMORE

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

3927 CLOVERHILL RD.

c. Length of stay in Baltimore

1 month

5. SEX

M

6. COLOR OR RACE

Wh.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

DIVORCED

8. DATE OF BIRTH

April 12, 1881

9. AGE (In years last birthday)

70

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RETIRED - Col. in MARINE CORPS.

10B. KIND OF BUSINESS OR INDUSTRY

U.S. MARINES

11. BIRTHPLACE (State or foreign country)

IRELAND

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

OWEN CONACHY

14. MOTHER'S MAIDEN NAME

MARGARET MACARTNEY

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

YES

16. SOCIAL SECURITY NO.

17. INFORMANT

Miss Margaret Conachy 3927 Cloverhill Road.

ADDRESS

18.

470.0 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

myocardial infarction, acute

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

1 day

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

arteriosclerotic heart disease

3 years

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐ WORKNOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 2, 1952, to Feb. 3, 1952, that I last saw the deceased alive on Feb. 3, 1952 and that death occurred at 10:45 A. M. from the causes and on the date stated above.

23A. SIGNATURE

Edmund S. Nelson

M. D.

23B. ADDRESS

Baltimore 18 Maryland

23C. DATE SIGNED

Feb. 3, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 6, 1952

24C. NAME OF CEMETERY OR CREMATORY

Carmichael National

24D. LOCATION (City, town, or county)

Carmichael, Virginia

DATE RECEIVED BY LOCAL REGISTRAR

FEB 4 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Burgess Edward Rome 361 Falls Road

ADDRESS

Trace F. Burgess

937

TO THE DIRECTOR

FROM THE DIRECTOR

SUBJECT: [Illegible]

[Illegible text block]

[Illegible text block]

[Illegible text block]

[Illegible text block]

[Illegible text block]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 1090**

1. NAME OF DECEASED
(Type or Print)

Anna Marie Neurath

2. DATE
OF
DEATH

Feb 3/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland *500 Edgewale*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE *md.* B. COUNTY *Baltimore City*

B. FULL NAME OF HOSPITAL OR INSTITUTION

at home

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

500 Edgewale Rd

C. Length of stay in Baltimore

70 yrs.

Yrs.
Mos.
Days

E. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.

Female White

Widow

Nov 19-1860

91

- - -

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR INDUSTRY

none

11. BIRTHPLACE (State or foreign country)

Washington D.C.

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Edw. K. Roman

14. MOTHER'S MAIDEN NAME

Louise Snyder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

no

16. SOCIAL SECURITY NO.

no

17. INFORMANT

Dr. J. P. (M.D.)

ADDRESS

Baltimore

18.

443X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Coronary Heart Failure*

2 days

ANTECEDENT CAUSES

DUE TO *Arterio-sclerosis*

Gradual

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *myocarditis*

DUE TO *Hypertension*

✓

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Feb 1, 1952* to *Feb 3, 1952* that I last saw the deceased alive on *2-2-1952* and that death occurred at *6:15 A.M.* from the causes and on the date stated above.

23A. SIGNATURE

W. H. Moody

23B. ADDRESS

1403 Park Ave.

23C. DATE SIGNED

2-4-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

Feb 5/52

Rock Creek

Washington D.C.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 4-1952

Huntington Williams, M.D.

Sheworth Morris Co.

Baltimore

PLEASE WRITE IN INK ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

Handwritten text, mostly illegible due to fading and bleed-through. The text appears to be organized into several paragraphs or sections, with some lines starting with capital letters. The handwriting is cursive and somewhat slanted. The text is written on lined paper, and the lines are visible throughout the page.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1091
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Nannie Elizabeth Woodlin

2. DATE
OF
DEATH

2/1/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

2009 McCulloh Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2009 McCulloh St.

C. Length of stay in Baltimore

Life

5. SEX

F

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

9/9/61

9. AGE (In years
last birthday)

90

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR
INDUSTRY

Pvt. Family

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Richard Gray

14. MOTHER'S MAIDEN NAME

Emily Downs

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

Evelyn Green, 2009 McCulloh St.

18.

4500 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1942 to Feb 1, 1952 that I last saw the
deceased alive on Jan 31, 1952 and that death occurred at 1:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

B. R. R. M. D.

23B. ADDRESS

1432 S. Chase St

23C. DATE SIGNED

2/2/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/4/52

24C. NAME OF CEMETERY OR CREMATORY

Mount Auburn

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Charles R. Law, 802 Madison Ave.

11/1

James H. H. H. H.

11/1

11/1

11/1

11/1

11/1

11/1

11/1

11/1

11/1

11/1

11/1

11/1

11/1

11/1

11/1

11/1

11/1

11/1

11/1

11/1

11/1

11/1

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1092

BIRTH NO. 50-14830

1. NAME OF DECEASED
(Type or Print)

Linda S. Eiting

2. DATE
OF
DEATH

Feb. 1, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Kernan Hospital for Crippled Children

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

7, Md.

D. STREET ADDRESS (If rural, give location)

60 Hillvale Rd.

28-04

c. Length of stay in Baltimore

18

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

July 22, 1950

9. AGE (in years last birthday)

1

If Under 1 Year Months Days

6

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Infant

10B. KIND OF BUSINESS OR INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Walter Edwin Eiting

14. MOTHER'S MAIDEN NAME

Della Marjorie Sharp

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

-

17. INFORMANT

Father

ADDRESS

60 Hillvale Rd.

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Meningomyelocele

INTERVAL BETWEEN ONSET AND DEATH

18 mos

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Spina bifida

18 mos

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Jan 2, 1952

19B. MAJOR FINDINGS OF OPERATION

Diastomatomyelia, Meningomyelocele

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

NO

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

-

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

-

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-11-51, 19, to Feb 1, 1952, that I last saw the deceased alive on Feb 1, 1952, and that death occurred at 2 m., from the causes and on the date stated above.

23A. SIGNATURE

John L. Wooten

23B. ADDRESS

M. D. Kernan Hospital

23C. DATE SIGNED

Feb 1, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb 4, 1952

24C. NAME OF CEMETERY OR CREMATORY

Landon Park

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

FEB 4-1952

REGISTRAR'S SIGNATURE

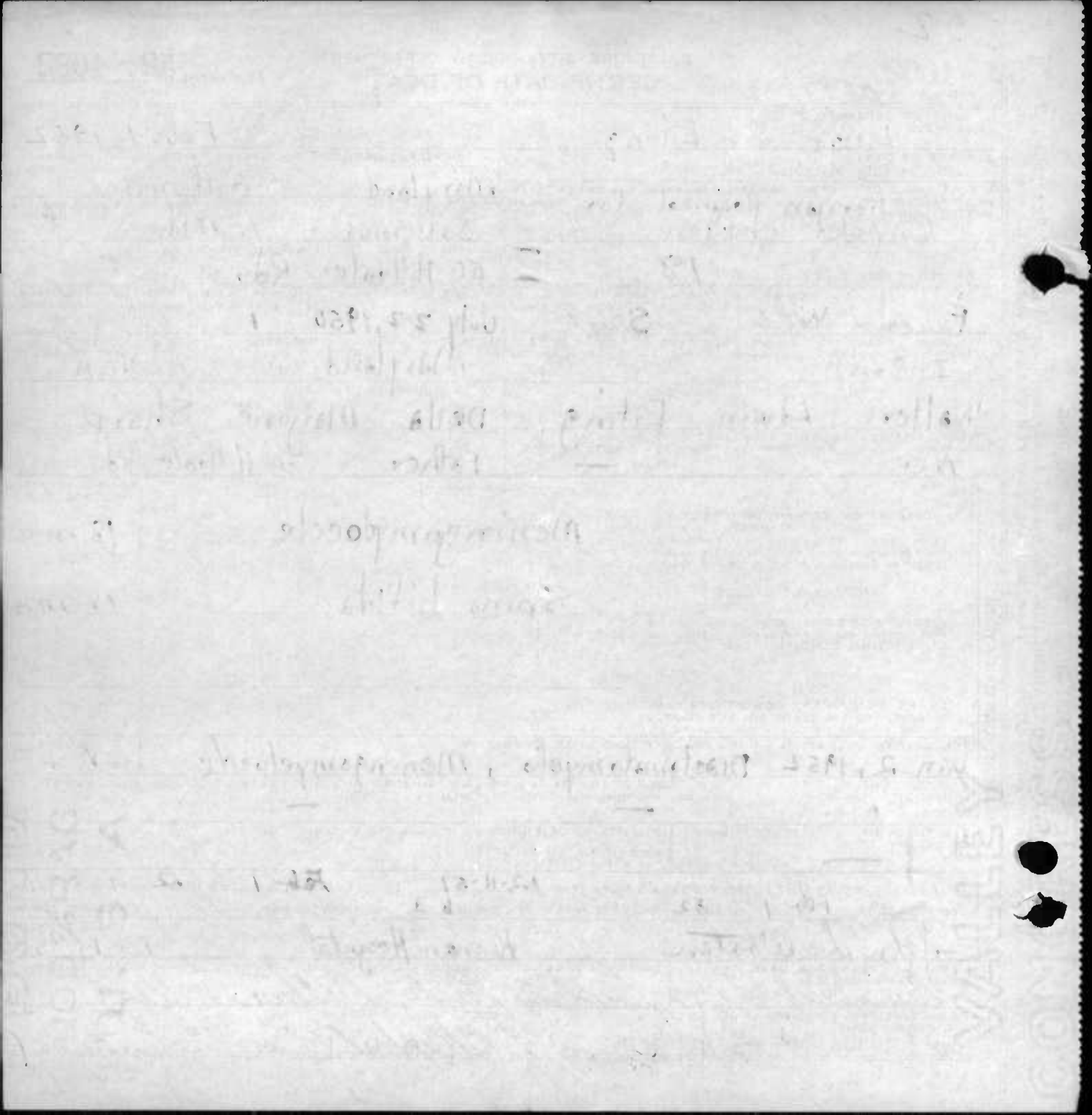
Huntington Williams

25. FUNERAL DIRECTOR

R. B. Elliott

ADDRESS

S. S. Carter



S-53 1093

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1093

BIRTH NO.			1. NAME OF DECEASED (Type or Print) GUSTAV STEINMETZ			2. DATE OF DEATH Feb. 1, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Franklin Square Hospital			O. STREET ADDRESS (If rural, give location) 1513 1613 W. Fayette Street			19-02		
c. Length of stay in Baltimore 30 years			8. DATE OF BIRTH May 10, 1887			9. AGE (In years last birthday) 64		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	11. BIRTHPLACE (State or foreign country) Germany			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Doctor			10B. KIND OF BUSINESS OR INDUSTRY Schmidt's Bakery			14. MOTHER'S MAIDEN NAME Unknown		
13. FATHER'S NAME Unknown			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO.		
17. INFORMANT Wm. Ernest Helms			ADDRESS 1513 1613 W. Fayette Street					

18. 581.0		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Cirrhosis of the liver			
ANTECEDENT CAUSES		(B) Ascites			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William H. Wood		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Feb. 2, 1952	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE February 5, 1952		24C. NAME OF CEMETERY OR CREMATORY Western		24D. LOCATION (City, town, or county) (State) Baltimore, Md	
DATE RECEIVED BY LOCAL REGISTRAR FEB 4-1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Wm. Ernest Helms		ADDRESS 1513 1613 W. Fayette Street	

MARGIN RESERVED FOR BINDING

PLEASE WRITE REPLY ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1094
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Madame S. Oliver</i>		2. DATE OF DEATH <i>Feb. 1, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>2307 Thittier Ave.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 1304</i>			
*c. Length of stay in Baltimore <i>61</i> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>2307 Thittier Ave.</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Feb. 20, 1890</i>	9. AGE (In years last birthday) <i>61</i>	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Minister</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Church</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md.</i>	
13. FATHER'S NAME <i>Madame Oliver</i>		14. MOTHER'S MAIDEN NAME <i>Unknown</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Susie Oliver 2307 Thittier Ave.</i>	
18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Coronary Thrombosis</i> (A) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Feb. 1, 1952</i> to <i>Feb. 1, 1952</i> , that I last saw the deceased alive on <i>Feb. 1, 1952</i> and that death occurred at <i>8:30 p.m.</i> from the causes and on the date stated above.					
23a. SIGNATURE <i>W. P. Free</i>		23b. ADDRESS <i>2530 Pa. Ave.</i>		23c. DATE SIGNED <i>2/2/52</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Funeral</i>		24b. DATE <i>Feb. 5, 1952</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Baltimore National</i>	
24d. LOCATION (City, town, or county) <i>Baltimore, Md.</i>		24e. NAME OF CEMETERY OR CREMATORY <i>Baltimore National</i>		24f. LOCATION (City, town, or county) <i>Baltimore, Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 4 - 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, Jr.</i>		25. FUNERAL DIRECTOR <i>1631 Service Hall Ave.</i>	

[Faint, illegible handwriting throughout the page, likely bleed-through from the reverse side.]



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **52 1095**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Hattie Carter

2. DATE
OF
DEATH

2 Feb 52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

154 Reed Bird Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write F.O.R.A. and give township)

D. STREET ADDRESS (If rural, give location)

154 Reed Bird Avenue

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

June 2, 1882

9. AGE (In years last birthday)

69

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

maid

10B. KIND OF BUSINESS OR INDUSTRY

Appt. House

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Thomas Cook

14. MOTHER'S MAIDEN NAME

Mary Freeman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No.

16. SOCIAL SECURITY NO.

17. INFORMANT

William Cook

ADDRESS

154 Reed Bird Ave

18.

470.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Coronary Thrombosis*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Arteriosclerotic heart disease*

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) *Hypertension*
Obesity

INTERVAL BETWEEN ONSET AND DEATH

5 days

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *26 Jan*, 1952, to *1 Feb*, 1952, that I last saw the deceased alive on *1 Feb*, 1952, and that death occurred at *3:15 AM*, from the causes and on the date stated above.

23A. SIGNATURE

Reynold B. Lightston

23B. ADDRESS

501 Cherry Hill Road

23C. DATE SIGNED

2 Feb 52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 5, 1952

24C. NAME OF CEMETERY OR CREMATORY

St. Antburn Bldg. Ind

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

William Cook

FEB 4 - 1952

79074

937

1001 03

1001 03



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 1096

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JOHN T. COLLINS		2. DATE OF DEATH Feb. 3, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Life Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1915 Eastern Avenue	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 11-14-68
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10B. KIND OF BUSINESS OR INDUSTRY Produce	9. AGE (In years last birthday) 84 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
13. FATHER'S NAME George Collins		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? USA	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Rebecca Brown	
17. INFORMANT Rebecca Schultz-		ADDRESS 1926 Eastern Avenue	

18. **E812.4**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Fracture of skull**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Contusion of brain**

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

street

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Eastern Ave., 32' east of Chapel St.

21D. TIME (Month) (Day) (Year) (Hour)

Feb. 1, 1952 1:35 A. m.

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Pedestrian struck by auto

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley B. Durelacher23B. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☒MEDICAL INVESTIGATOR ☒

23C. DATE SIGNED

Feb. 4, 195224A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE

2-7-52

24C. NAME OF CEMETERY OR CREMATORY

Baltimore,

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Lilly & Zild, Inc. 403 S. Wolfe Street

ADDRESS

ROBERTSON
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1097

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Sister Jessie of All Saints

2. DATE
OF
DEATH

2/2/52

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

before admission)

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Church Home Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Catonsville

c. Length of stay in Baltimore

40 yrs.

d. STREET ADDRESS (If rural, give location)

HILTON AVE.

5300

6. SEX

7. COLOR OR RACE

8. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

9. DATE OF BIRTH

10. AGE (In years last birthday)

11. Under 1 Year

12. Under 24 Hours

FEMALE WHITE

SINGLE

Feb 2, 1888

63

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

RELIGIOUS

11. BIRTHPLACE (State or foreign country)

Penn.

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

James Robertson

14. MOTHER'S MAIDEN NAME

Emma Sellers

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

16. SOCIAL SECURITY NO.

None

17. INFORMANT

ADDRESS

Hospital Records

18.

154X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Recurrent Adenocarcinoma of Rectum

3 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

1/18/52

19B. MAJOR FINDINGS OF OPERATION

Operation of Colon by Recurrent Carcinoma

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/16/52, 19, to 2/2/52, 19, that I last saw the deceased alive on 2/2/52, 19, and that death occurred at 6:30 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Smith

23B. ADDRESS

1400 E. 1st St. Catonsville

23C. DATE SIGNED

2/2/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/5/52

24C. NAME OF CEMETERY OR CREMATORY

All Saints Cem. Catonsville, Md.

24D. LOCATION (City, town, or county) (State)

Easton, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Easton Sons Catonsville

FEB 4 - 1952

VS 150

0788W

467

1001-82

R-300

52 1098

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1098

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

JOSEPH REED

2. DATE
OF
DEATH

Feb. 4, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE Virginia

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE US Public Health Service Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Chincoteague

V-43

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

21 days

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

5/5/67

9. AGE (In years
last birthday)

84

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Seaman

10B. KIND OF BUSINESS OR
INDUSTRY

Seafarer

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Arthur Reed

14. MOTHER'S MAIDEN NAME

Charlotte Hill

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

?

16. SOCIAL
SECURITY NO.

?

17. INFORMANT

ADDRESS

Records- US PHS Hospital, Balto, Md.

18.

450.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Generalized arteriosclerosis
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C) Pulmonary infarcts, multiple
DUE TOII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 14, 1952, to Feb. 4, 1952, that I last saw the
deceased alive on Feb. 4, 1952, and that death occurred at 12:12A., from the causes and on the date stated above.

23A. SIGNATURE

Jack Horvick

M. D.

23B. ADDRESS

US PHS Hospital, Balto, Md.

23C. DATE SIGNED

2/4/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

2/5/52

24C. NAME OF CEMETERY OR CREMATORY

Chincoteague Island

24D. LOCATION (City, town, or county)

Accomac Co. Va.

(State)

DATE RECEIVED BY
LOCAL REGISTRY

FEB 5 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Bob Dec. 7217 St. Paul st.

VS 150

111a

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R-300

U.S.A.

WASH DC

RECORD

CONFIDENTIAL

SECRET

CONFIDENTIAL

SECRET

CONFIDENTIAL

SECRET

CONFIDENTIAL

SECRET

CONFIDENTIAL

SECRET

CONFIDENTIAL

SECRET

S-512
52 1099BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1099

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Verona Simpson

2. DATE
OF
DEATH

Feb. 4, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Va.

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Rt. 1

5. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

2-18-18

9. AGE (In years

last birthday)

33 34

10 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

housewife

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Alfred Locklin

14. MOTHER'S MAIDEN NAME

Ethel Walker

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

CAUSE OF DEATH

Myxoma of left auricle unknown

INTERVAL BETWEEN
ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/16, 1951, to 2/4, 1952, that I last saw the
deceased alive on 2/4, 1952 and that death occurred at 1 p.m., from the causes and on the date stated above.

23A. SIGNATURE

John Collins Harvey, M.D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

2-4-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

2/5/52

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

24A. Removal

24B. DATE

2/5/52

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. S. Evelyn

ADDRESS

Alexandria, Va.

FEB 5 - 1952

VS 150

56E

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1000 8

1000 8

EASTMAN CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

FORM

52 1100

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1100

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HARLAN JUSTER

2. DATE
OF
DEATH

Feb. 3, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE Virginia

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR US Public Health Service location)
INSTITUTION Hospital

Wyman Pk. Drive & 31st Street

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

S. Arlington

D. STREET ADDRESS (If rural, give location)

2701- 9th Street

c. Length of stay in Baltimore

20 days

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

9/18/25

9. AGE (in years
last birthday)

26

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
Foreign Service10B. KIND OF BUSINESS OR
INDUSTRY
State Dept. Industry
Washington, DC

11. BIRTHPLACE (State or foreign country)

Minn.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Charles Juster

14. MOTHER'S MAIDEN NAME

Ruth Newman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

USN- WW 2

16. SOCIAL
SECURITY NO.

?

17. INFORMANT

ADDRESS

Records- US PHS Hospital, Balto, Md.

18.

190x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Malignant melanoma, metastatic to
brain.

DUE TO

Approx.
14 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ ND ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 14, 1952, to Feb. 3, 1952, that I last saw the
deceased alive on Feb. 3, 1952, and that death occurred at 3:15 P. m., from the causes and on the date stated above.

23A. SIGNATURE

D.W. Patrick, Medical Director

23B. ADDRESS

US PHS Hospital, Balto, Md.

23C. DATE SIGNED

2/4/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

removal 2-5-52

Chicago, Ill

DATE RECEIVED BY
LOCAL REGISTRY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 5 - 1952

Huntington Williams, M.D.

Jack Lewis

2100 Canton Pl

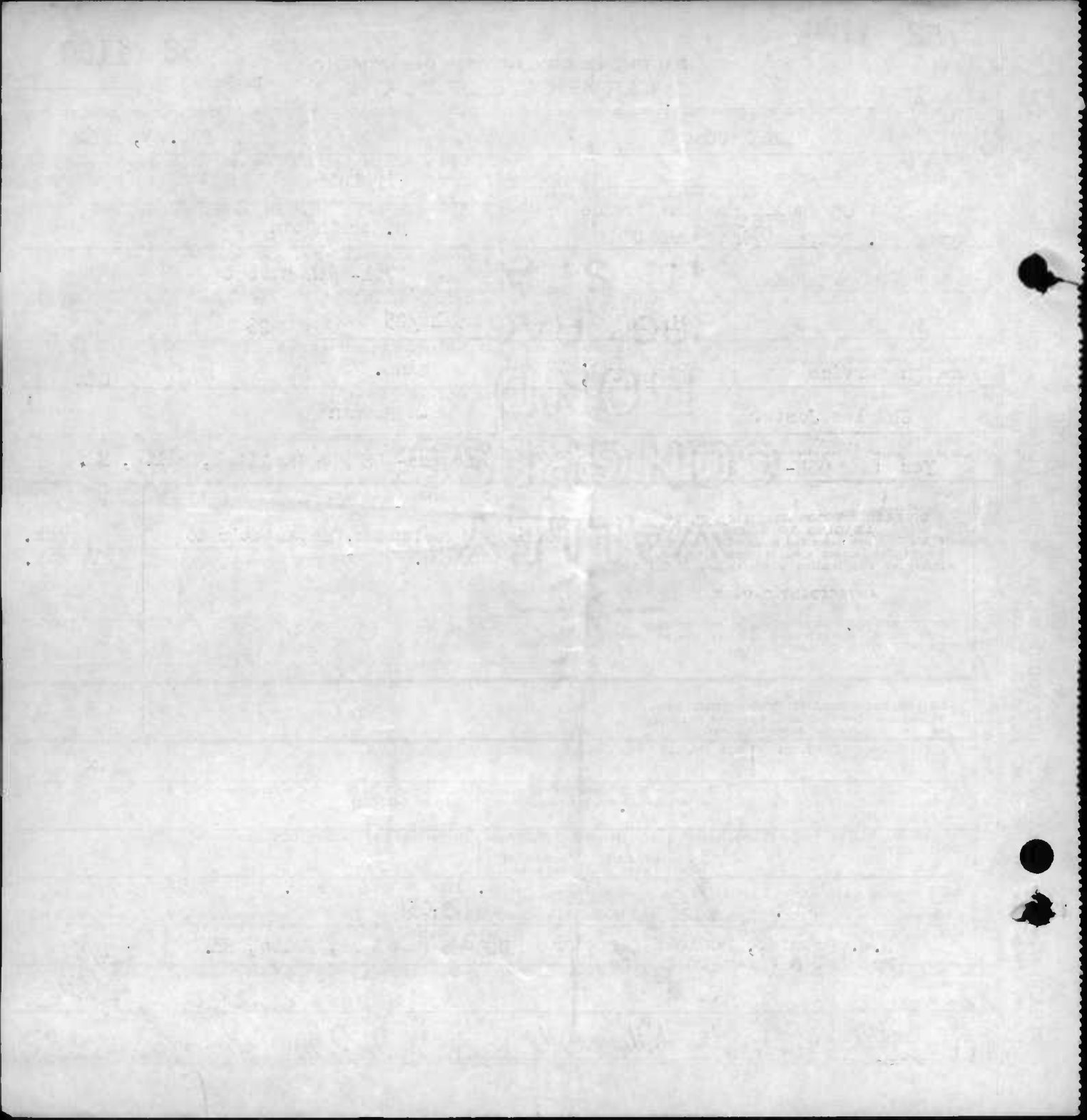
VS 150

69091

53

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



E. 236 52 1101

52 1101

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Frederick Esterley

2. DATE
OF
DEATH

2/4/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

718 E. North Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

718 E. North Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Jan. 9, 1866

9. AGE (In years last birthday)

86

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Ret. House Painter

10B. KIND OF BUSINESS OR INDUSTRY

Painting

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

U. S.

13. FATHER'S NAME

Frederick Esterley

14. MOTHER'S MAIDEN NAME

Susan Dowling

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

George J. Smith

ADDRESS

718 E. North Ave.

18.

420.11
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

Arteriosclerosis, coronary

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Arteriosclerosis, generalized years

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Malnutrition

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 31, 1952 to Feb 4, 1952, that I last saw the deceased alive on Jan 31, 1952, and that death occurred at 1:05 m., from the causes and on the date stated above.

23A. SIGNATURE

Charles N. Sevier

M. D.

23B. ADDRESS

4200 Parkwood Ave

23C. DATE SIGNED

2/4/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 6, 1952

24C. NAME OF CEMETERY OR CREMATORY

Mt. Zion

24D. LOCATION (City, town, or county) (State)

Nr. Belair, Harford Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR

FEB 5 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Joseph Foster, Belair, Maryland

ADDRESS

DECLARATION OF DEATH
STATE OF TEXAS

1. Name of Deceased		2. Date of Death	
3. Place of Death		4. Age of Deceased	
5. Sex of Deceased		6. Race of Deceased	
7. Marital Status		8. Occupation	
9. Cause of Death		10. Signature of Declarant	
11. Signature of Physician		12. Signature of Coroner	
13. Signature of Registrar		14. Signature of Burial Officer	
15. Signature of Minister		16. Signature of Undertaker	
17. Signature of Funeral Home		18. Signature of Cemetery	
19. Signature of Burial Society		20. Signature of Interment	
21. Signature of Burial Society		22. Signature of Interment	
23. Signature of Burial Society		24. Signature of Interment	
25. Signature of Burial Society		26. Signature of Interment	
27. Signature of Burial Society		28. Signature of Interment	
29. Signature of Burial Society		30. Signature of Interment	
31. Signature of Burial Society		32. Signature of Interment	
33. Signature of Burial Society		34. Signature of Interment	
35. Signature of Burial Society		36. Signature of Interment	
37. Signature of Burial Society		38. Signature of Interment	
39. Signature of Burial Society		40. Signature of Interment	
41. Signature of Burial Society		42. Signature of Interment	
43. Signature of Burial Society		44. Signature of Interment	
45. Signature of Burial Society		46. Signature of Interment	
47. Signature of Burial Society		48. Signature of Interment	
49. Signature of Burial Society		50. Signature of Interment	
51. Signature of Burial Society		52. Signature of Interment	
53. Signature of Burial Society		54. Signature of Interment	
55. Signature of Burial Society		56. Signature of Interment	
57. Signature of Burial Society		58. Signature of Interment	
59. Signature of Burial Society		60. Signature of Interment	
61. Signature of Burial Society		62. Signature of Interment	
63. Signature of Burial Society		64. Signature of Interment	
65. Signature of Burial Society		66. Signature of Interment	
67. Signature of Burial Society		68. Signature of Interment	
69. Signature of Burial Society		70. Signature of Interment	
71. Signature of Burial Society		72. Signature of Interment	
73. Signature of Burial Society		74. Signature of Interment	
75. Signature of Burial Society		76. Signature of Interment	
77. Signature of Burial Society		78. Signature of Interment	
79. Signature of Burial Society		80. Signature of Interment	
81. Signature of Burial Society		82. Signature of Interment	
83. Signature of Burial Society		84. Signature of Interment	
85. Signature of Burial Society		86. Signature of Interment	
87. Signature of Burial Society		88. Signature of Interment	
89. Signature of Burial Society		90. Signature of Interment	
91. Signature of Burial Society		92. Signature of Interment	
93. Signature of Burial Society		94. Signature of Interment	
95. Signature of Burial Society		96. Signature of Interment	
97. Signature of Burial Society		98. Signature of Interment	
99. Signature of Burial Society		100. Signature of Interment	

52 1102

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1102

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Laura Lee Redsecker

2. DATE
OF
DEATH

Feb. 4, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland (Womans Hospital)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

47 Womans Hospital of Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 27-16

D. STREET ADDRESS (If rural, give location)

3421 Dupont ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

9/15/74

9. AGE (In years
last birthday)

77

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Centerville, Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

James Straughn

14. MOTHER'S MAIDEN NAME

Laura Simmons

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Elizabeth Wittman - 3021 FURNACE AVE.

ADDRESS

Eldridge Md.

18.

420.0 I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

Myocardial infarction

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Arteriosclerotic heart
disease

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2.3, 1952, to 2.4, 1952, that I last saw the
deceased alive on 2.3, 1952, and that death occurred at 9 m., from the causes and on the date stated above.

23A. SIGNATURE

Huntington Williams, M.D.

23B. ADDRESS

1400 W. Wm. St. - 17 -

23C. DATE SIGNED

2.4.52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2-6-1952

24C. NAME OF CEMETERY OR CREMATORY

CENTERVILLE

24D. LOCATION (City, town, or county)

CENTERVILLE

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John P. Mitchell & Sons Inc. 1900 Eutaw Pl.

ADDRESS

FEB 5 - 1952

VS 150

937

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DEATH DATE OF DEATH

RECEIVED
JAN 10 1964
FBI - NEW YORK

5-400

52 1103

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 1103

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Deborah Anne Seeley

2. DATE
OF
DEATHFeb 4, 1952
1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

Baltimore

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Union Memorial Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Towson 4

5300

D. STREET ADDRESS (If rural, give location)

33 Lumbourne Rd. (Hampton Apts)

c. Length of stay in Baltimore

4

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

Dec 15, 1937

9. AGE (In years
last birthday)11 Under 1 Year
Months: Days

1 15

11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

William Massey Seeley

14. MOTHER'S MAIDEN NAME

Regina Lankin

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

Mother

ADDRESS

above

18.

756.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

acute cardiac dilatation
under anesthesia

minutes

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Op. for Pyloric Stenosis

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

2-4-52

19B. MAJOR FINDINGS OF OPERATION

uncompleted

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 1-31-52, 19__, to 2-4-52, 19__, that I last saw the
deceased alive on 2-4-52, 19__, and that death occurred at 12 p.m., from the causes and on the date stated above.

23A. SIGNATURE

William A. Andersen

23B. ADDRESS

Union Memorial Hosp.

23C. DATE SIGNED

2-4-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2-7-52

24C. NAME OF CEMETERY OR CREMATORY

St. Lawrence O'Toole

24D. LOCATION (City, town, or county)

Brewster, N. Y.

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 5 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John O. Mitchell & Sons, Inc. - 1900 Eutaw Pl

ADDRESS

VS 150

1579

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

State of New York

County of _____

City of _____

52 1104

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1104

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MRS Dorothy E. Stabler

2. DATE
OF
DEATH

Feb 2-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Baltimore Maryland

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

Bon Secours

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 9-07

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1733 Abbott St -

6. SEX

F

7. COLOR OR RACE

W

8. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

9. DATE OF BIRTH

Feb 21-1916

10. AGE (In years
last birthday)

35

11. Under 1 Year
Months: Days12. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Chesapeake MD

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

EDWIN GOODMAN

14. MOTHER'S MAIDEN NAME

ONEIDA MOLFORD

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Husband

ADDRESS

Same

18.

201X I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

Hodgkins Disease

DUE TO

involving extensively
the mediastinum -

(B)

DUE TO

& Lungs.

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.INTERVAL BETWEEN
ONSET AND DEATH

Zero

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 27, 1951, to Feb 2, 1952, that I last saw the
deceased alive on Feb 2, 1952, and that death occurred at 8:04 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Feb 6 1952

Baltimore Cem

Baltimore

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 5 - 1952

Huntington Williams, M.D.

J. Melville Jenkins 2713 Kirk Ave

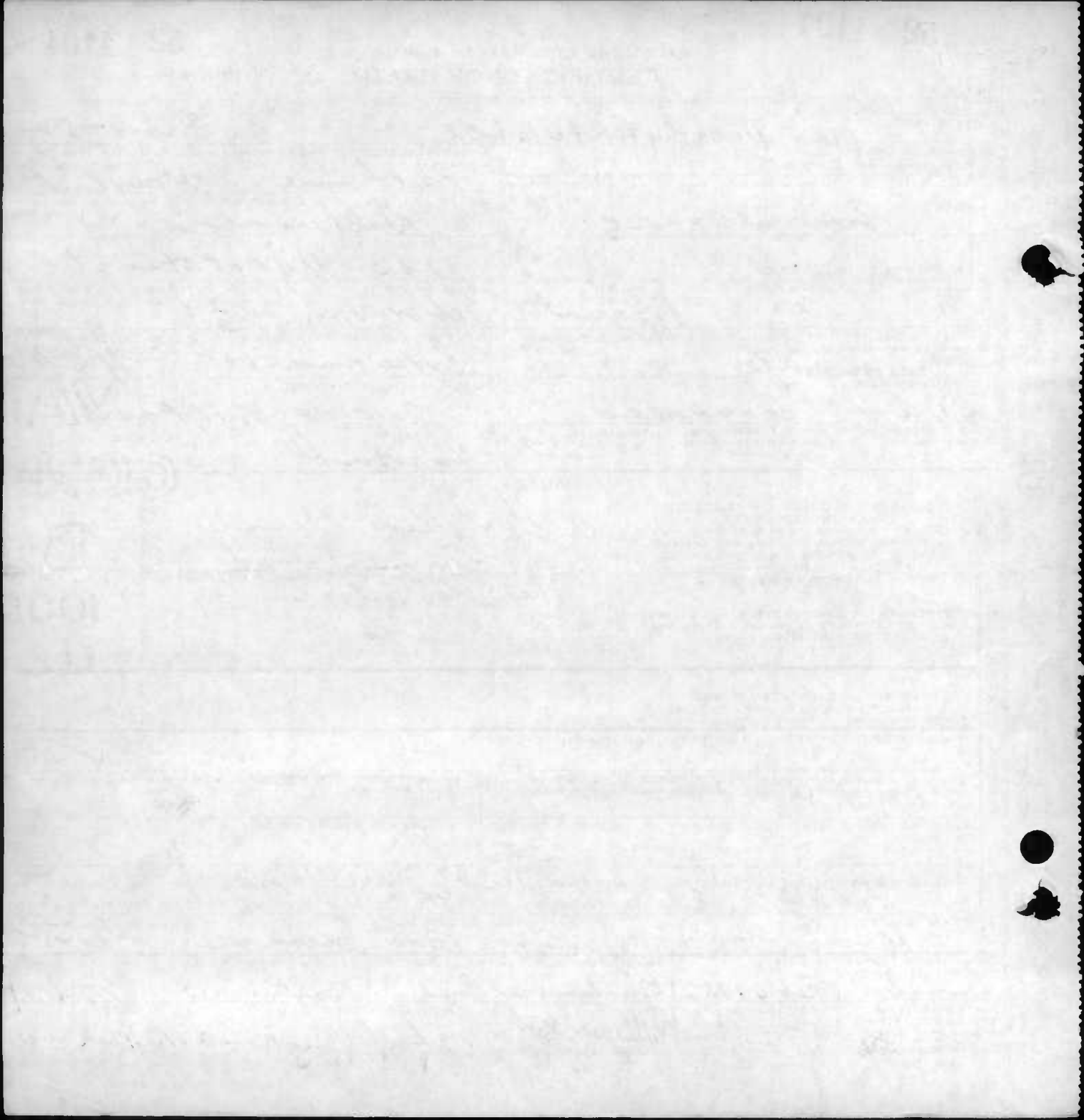
VS 150

19520201105

44B

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

MEDORA Parks

2. DATE
OF
DEATH

Feb. 3 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

1421 E Lanvale St

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1421 E Lanvale St

5. SEX

FEMALE

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

December 8, 1867

9. AGE (In years last birthday)

84

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William J. Parks

14. MOTHER'S MAIDEN NAME

Martha Ward

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

William Parks 1421 E Lanvale St

18.

4 yr. 1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic C-V disease

5 years

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) Bronchopneumonia

2 weeks

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Jan. 16, 1952 to Feb. 3, 1952 that I last saw the deceased alive on Jan. 1, 1952 and that death occurred at 9:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

H. H. Green

M.D.

23B. ADDRESS

1520 E. 33rd St

23C. DATE SIGNED

2.4.52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb 5, 1952

24C. NAME OF CEMETERY OR CREMATORY

Greenmount Cem

24D. LOCATION (City, town, or county)

Baltimore Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

J. H. Jenkins 2713 Kirk Ave.

UNITED STATES DEPARTMENT OF HEALTH
CENTRAL BUREAU OF VITAL STATISTICS

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

H. 616

52 1106

AB-155689

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. 52-28709

1. NAME OF DECEASED
(Type or Print)

William Harper

2. DATE
OF
DEATH

Feb. 3-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE Maryland B. COUNTY before admission)B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR Baltimore City Hospitals location)
INSTITUTION 4940 Eastern Ave.C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township)

D. STREET ADDRESS (If rural, give location)

730 N. Monroe St. zone 17

c. Length of stay in Baltimore Life

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

Col. N

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Dec. 8, 1951

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

1

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William Harper

14. MOTHER'S MAIDEN NAME

Marion Carter

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Records: Baltimore City Hospitals
4940 Eastern Ave.

18. 754.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Pneumonia

DUE TO

8 wks.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Congenital Heart Disease-Truncus
Arteriosus

DUE TO

Birth

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., In or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-14-1952 to 2-3-1952, that I last saw the
deceased alive on 2-3-1952, and that death occurred at 9:50 P.M., from the causes and on the date stated above.

23A. SIGNATURE

J. S. Rogers

M. D.

23B. ADDRESS

4940 Eastern Ave., Baltimore, Md.

23C. DATE SIGNED

2-4-1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

2-7-52

24C. NAME OF CEMETERY OR CREMATORY

Mt Auburn

24D. LOCATION (City, town, or county)

Bald

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 5 - 1952

Huntington Williams, M.D. James O. Rogers

6374.9th

VS 150

157E

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH

THE STATE OF CALIFORNIA
DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS
COUNTY OF _____
CERTIFICATE OF DEATH

THIS CERTIFICATE IS TO BE COMPLETED BY THE REGISTRAR OF VITAL RECORDS
OR BY A PHYSICIAN OR A PERSON QUALIFIED BY THE REGISTRAR TO SIGN THE SAME.

IN WITNESS WHEREOF, I have hereunto set my hand and the seal of the Department of Health at the City of Sacramento, California, this _____ day of _____, 19____.

DEPARTMENT OF HEALTH

19____

52 1107

BERTHA TRAVERS.
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1107

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Bertha Travers

2. DATE
OF
DEATH

February 2, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If instituting residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

18-02

D. STREET ADDRESS (If rural, give location)

1207 Edmondson Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

1-29-93

9. AGE (In years last birthday)

59

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Thomas Travers

14. MOTHER'S MAIDEN NAME

Mary Jane

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18.

4221

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cardiac standstill

minutes

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Intermyocardial CV disease

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Lubricant obstruction

19A. DATE OF OPERATION

2/2/52

19B. MAJOR FINDINGS OF OPERATION

none

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-2, 1952, to 2-2, 1952, that I last saw the deceased alive on 2-2, 1952, and that death occurred at 9:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

James A. Stamps

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

2/2/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2-7-52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams M.D. James A. Stamps

6384 Gilman St

FEB 5 - 1952

VS 150

931

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

52 1108

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1108

Registered No. _____

BIRTH NO. _____			1. NAME OF DECEASED (Type or Print) <u>Halfpenny, Robert C.</u>			2. DATE OF DEATH <u>February 4, 1952</u>		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Maryland</u> b. COUNTY _____			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>10-01</u>		
b. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>100 Valley & Biddle Streets</u>			5. Yrs. Mos. Days		
c. Length of stay in Baltimore			6. DATE OF BIRTH <u>Dec-9-1874</u>			9. AGE (in years last birthday) <u>74</u> If Under 1 Year: Months: Days: Hours: Min.		
5. SEX <u>Male</u>			6. COLOR OR RACE <u>White</u>			7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unknown</u>			10B. KIND OF BUSINESS OR INDUSTRY <u>B. & O. R. C. Industry</u>			11. BIRTHPLACE (State or foreign country) <u>Baltimore</u>		
13. FATHER'S NAME <u>Unknown</u>			14. MOTHER'S MAIDEN NAME <u>Unknown</u>			12. CITIZEN OF WHAT COUNTRY?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS		
18. <u>561.0 1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>(A) Hernia, incarcerated inguinal, right</u> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>(B)</u> DUE TO <u>(C)</u>			CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION <u>February 3, 1952</u>			19B. MAJOR FINDINGS OF OPERATION <u>Hernia, incarcerated inguinal, right</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>February 3, 1952</u> , to <u>February 4, 1952</u> , that I last saw the deceased alive on <u>Feb. 4, 1952</u> , and that death occurred at <u>4:05 am.</u> , from the causes and on the date stated above.								
23A. SIGNATURE <u>Robert C. Halfpenny</u>			23B. ADDRESS <u>1400 N. Caroline St.</u>			23C. DATE SIGNED <u>2-4-52</u>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			24B. DATE <u>Feb 6, 1952</u>			24C. NAME OF CEMETERY OR CREMATORY <u>Cedar Hill</u>		
24D. LOCATION (City, town, or county) (State) <u>Baltimore</u>			25. FUNERAL DIRECTOR <u>Huntington Williams, M.D.</u>			ADDRESS <u>100 Valley & Biddle St</u>		
DATE RECEIVED BY LOCAL REGISTRAR <u>FEB 5 - 1952</u>			VS 150			122a		

101-101-101

UNITED STATES DEPARTMENT OF JUSTICE

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H-620

52 1109

CERTIFICATE CORRECTED

2-8-52

52 1109

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)Miller
FLORENCE HARRIS2. DATE
OF
DEATH

2-4-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Mercy Hosp.

C. CITY OR TOWN

(If outside corporate limits, write RURAL, and give township)

Baltimore 28-41

c. Length of stay in Baltimore

27

D. STREET ADDRESS (If rural, give location)

4100 Groveland Ave.

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

7-12-1872

9. AGE (In years,
last birthday)

79

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Secretary

10B. KIND OF BUSINESS OR
INDUSTRY

General

11. BIRTHPLACE (State or foreign country)

PA., Carlisle

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Ernst William Harris

14. MOTHER'S MAIDEN NAME

Michael Miller

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 422.1 and E903.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

Arteriosclerotic C.V.D.

INTERVAL BETWEEN
ONSET AND DEATH

?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

CERTIFICATION APPROVED BY

William W. W. M.D.

CHIEF CLERK, MEDICAL EXAMINER

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Fracture of left femur

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☒
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

4100 Groveland Ave.

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

10-12-51

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

Fell to floor

22. I hereby certify that I attended the deceased from 2-4, 1952, to 2-4, 1952, that I last saw the
deceased alive on 2-4, 1952, and that death occurred at 10:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Wm. H. H. Shea

23B. ADDRESS

Mercy Hosp.

23C. DATE SIGNED

2-4-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Buried

24B. DATE

Feb 7, 1952

24C. NAME OF CEMETERY OR CREMATORY

The Old Swaney and

24D. LOCATION (City, town, or county) (State)

Carlisle, Penna

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 5 - 1952

Huntington, Williams, M. Z. Sign. J. H. H. Shea Balto Md.

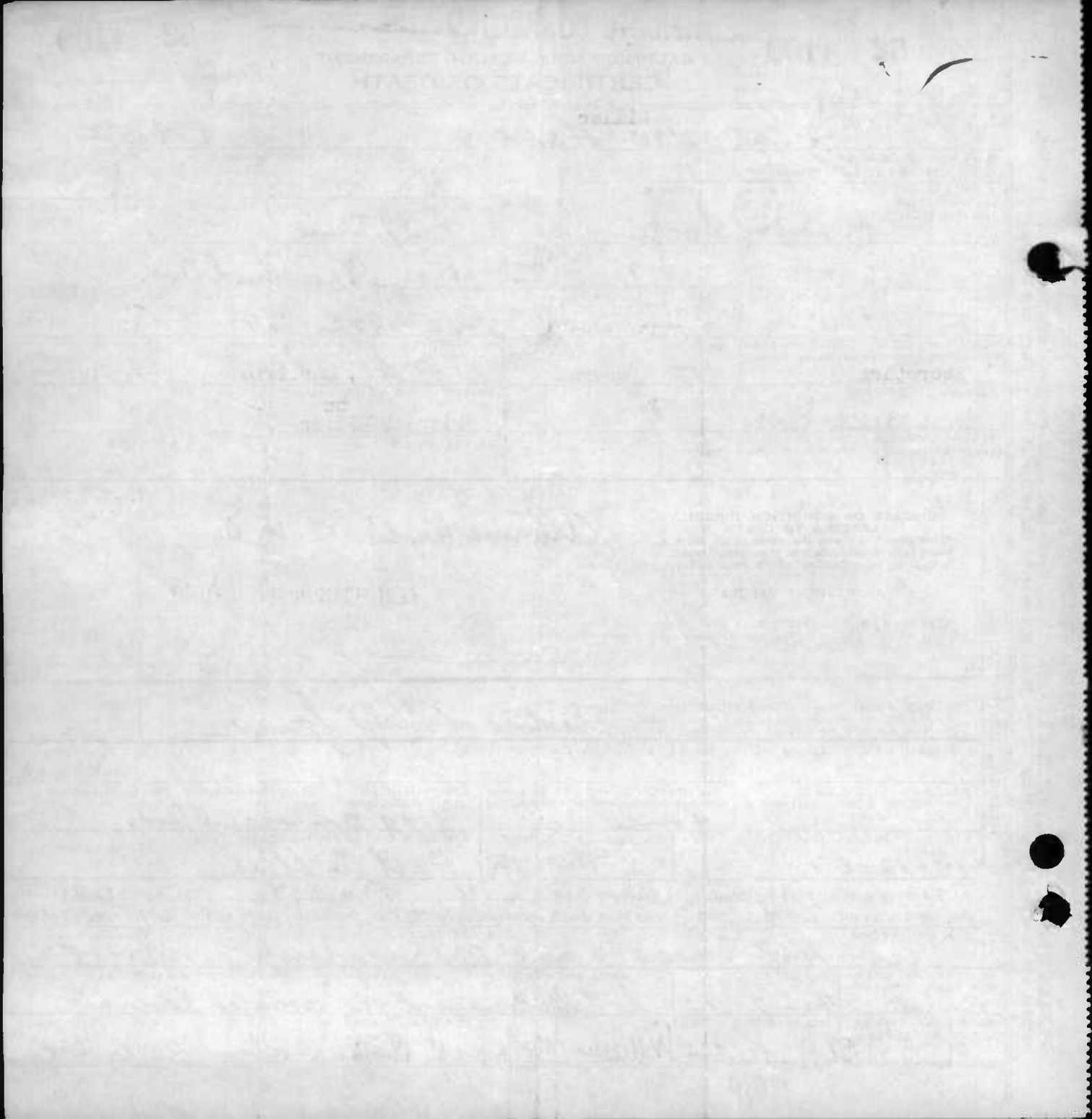
VS 150

N-820.1

937

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

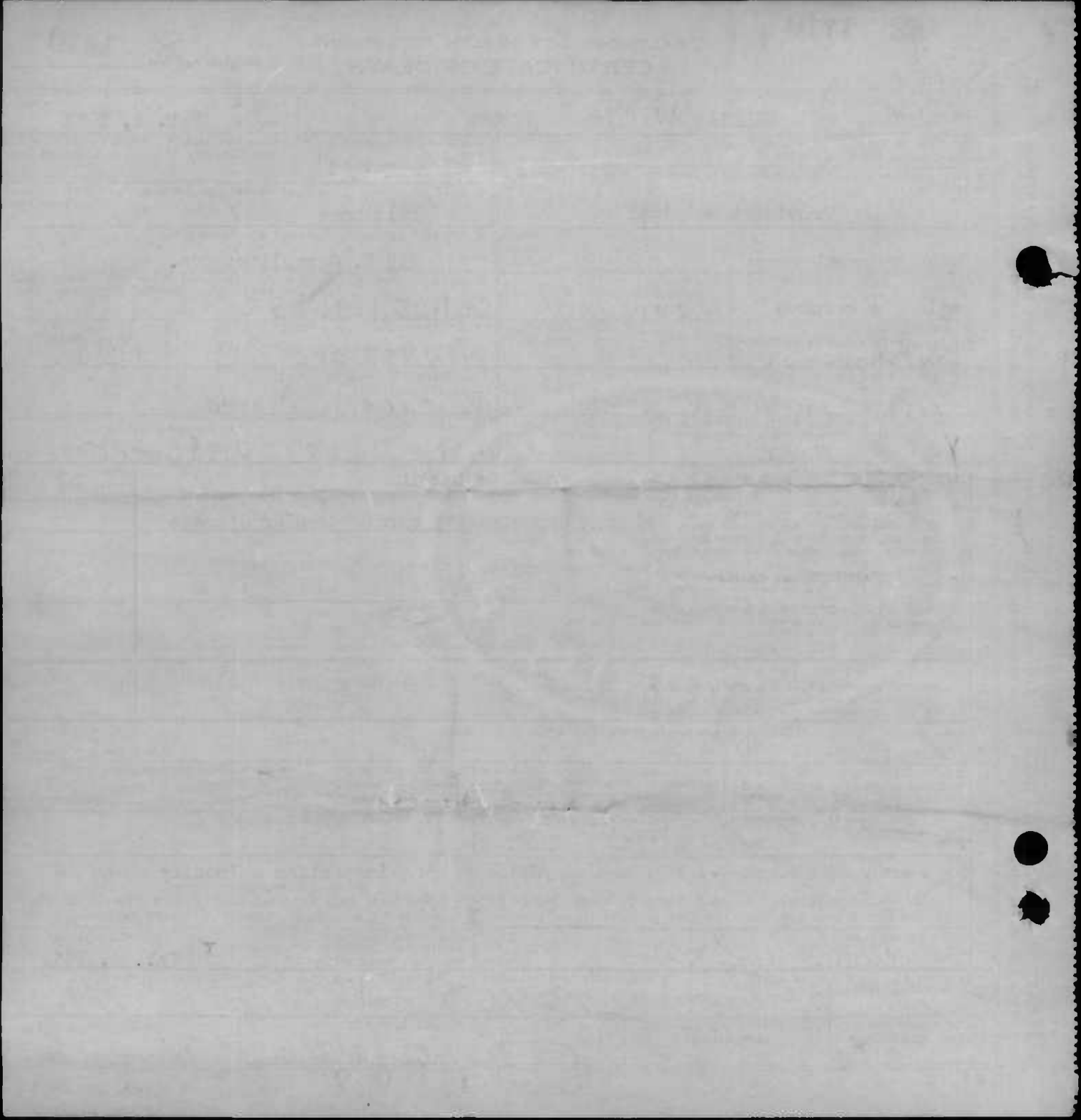
Registered No.

52 1110
520

52 1110

BIRTH NO.		1. NAME OF DECEASED (Type or Print) WILLIAM Willie YOUNG		2. DATE OF DEATH Feb. 4, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland		B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 16-01		D. STREET ADDRESS (If rural, give location) 818 N. Carrollton Ave.	
c. Length of stay in Baltimore Yrs. Mos. Days		5. SEX male		6. COLOR OR RACE colored	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 25, 1896		9. AGE (In years last birthday) 55	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Longshoreman		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Winnboro S.C.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME William Young		14. MOTHER'S MAIDEN NAME Elizabeth Moore	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes WWI		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Marie Young 818 N Carrollton	
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive cardiovascular disease DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>inspection & inquiry</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> <u>accident</u> <input type="checkbox"/> <u>suicide</u> <input type="checkbox"/> <u>homicide</u> <input type="checkbox"/> <u>undetermined</u> <input type="checkbox"/> .					
23A. SIGNATURE William Updegrave		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Feb. 4, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/7/1952		24C. NAME OF CEMETERY OR CREMATORY Balto National	
24D. LOCATION (City, town, or county) (State) Balto Md.		25. FUNERAL DIRECTOR Mrs. Peter R. Williams		ADDRESS Schroeder St.	
DATE RECEIVED BY LOCAL REGISTRAR 5-1952		REGISTRAR'S SIGNATURE William Williams, M.D.		VS 151 940 55 1109	

937 V



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Robert Segers

2. DATE
OF
DEATH

2-2-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

803 Vine St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.

18-01

D. STREET ADDRESS (If rural, give location)

803 Vine St

C. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

April 8, 1859

9. AGE (In years, last birthday)

92

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Minister

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Bethune S.C.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Jerry Segers

14. MOTHER'S MAIDEN NAME

Annie Jones

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

L.D. Segers 803 Vine St

ADDRESS

18.

4 yr. 1
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) *acute Cardiac Debitation*

INTERVAL BETWEEN ONSET AND DEATH

4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Cardio-vascular disease*

?

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Jan 30, 1952* to *Feb 2, 1952* that I last saw the deceased alive on *Feb 2, 1952* and that death occurred at *7:10 P.M.*, from the causes and on the date stated above.

23A. SIGNATURE

J. Leroy Shissman

23B. ADDRESS

2687 Maple Ave

23C. DATE SIGNED

Feb 2, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Shipped

24B. DATE

2/5/1952

24C. NAME OF CEMETERY OR CREMATORY

Winland A.S.

24D. LOCATION (City, town, or county)

Winland A.S.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

FEB 5 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Miss Kate R. Williams

ADDRESS

3224 Schreiner St

F-455 52 1112

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1112
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Alice Fleming</i>		2. DATE OF DEATH <i>2-2-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>University Hosp.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto.</i> <i>18-01</i>			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>935 Pierce St.</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Col.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>June 23, 1900</i>	9. AGE (in years last birthday) <i>51</i>	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Wilmington N.C.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Jacob King</i>		14. MOTHER'S MAIDEN NAME <i>Hannah</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Edward Fleming</i>	
18. <i>443X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH <i>Uremic Acidosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>24 hrs?</i>			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <i>Vascular nephrosis (?)</i> (C) <i>Hypertensive C-V Disease</i>		DUE TO		years ??	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>2-2-52</i> , 19 <i>52</i> , to <i>2-2</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>2-2</i> , 19 <i>52</i> , and that death occurred at <i>1400</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Roger D. Saxon</i>		23B. ADDRESS <i>University Hospital</i>		23C. DATE SIGNED <i>2-2-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <i>2/5/1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>W. T. Auburn and Balto</i>	
24D. LOCATION (City, town, or county) (State) <i>Balto</i>		25. FUNERAL DIRECTOR <i>Huntington Williams, H. W.</i>		ADDRESS <i>322 N. Schowen St</i>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

52 1113

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1113
Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print) AUGUST CHARLES GENNER			2. DATE OF DEATH February 2, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland			B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION South Baltimore General Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-09			D. STREET ADDRESS (If rural, give location) 3701 Fait Avenue		
c. Length of stay in Baltimore			8. DATE OF BIRTH Oct. 16, 1887			9. AGE (In years last birthday) 64		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10B. KIND OF BUSINESS OR INDUSTRY Crown, Cork and Seal		
13. FATHER'S NAME Joseph L. Genner			11. BIRTHPLACE (State or foreign country) Baltimore co., Md.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes			16. SOCIAL SECURITY NO. 213-01-6781			14. MOTHER'S MAIDEN NAME Fredricka Hartman		
17. INFORMANT Charles W. Genner			ADDRESS 3701 Fait Ave.					

18. E900.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Fracture dislocation of 5th and 6th cervical vertebrae		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 3701 Fait Avenue 26/9	
21D. TIME (Month) (Day) (Year) (Hour) Jan. 28, 1952 1:00 P. m.		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input checked="" type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR? Slipped and fell down steps	
22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William H. Smith		23B. CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER		23C. DATE SIGNED Feb. 2, 1952	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Feb. 5, 1952		24C. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery		24D. LOCATION (City, town, or county) (State) 7225 Eastern Ave. Balto., Co.,	
DATE RECEIVED BY LOCAL REGISTRAR FEB 5 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Charles S. Seiler		ADDRESS 901 S. Conkling St.	

VS 151

N-805.6

97032

186a ✓

CONFIDENTIAL

2

11/1/54

TO: SAC, NEW YORK
FROM: SAC, NEW YORK
SUBJECT: [Illegible]
[Illegible text follows, appearing to be a memorandum or report.]

F-635

52 1114

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1114

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

FREDERICK WILLIAM ERDMAN

2. DATE
OF
DEATH

Feb. 2, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

2227 E. Biddle Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

8-04

D. STREET ADDRESS (If rural, give location)

2227 E. Biddle Street

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept. 24, 1872

9. AGE (in years,
last birthday)

79

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Gardner

10B. KIND OF BUSINESS OR
INDUSTRY

Balto. City

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Frederick Erdman

14. MOTHER'S MAIDEN NAME

Grace ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

219-20-8042B

17. INFORMANT 2227 E. Biddle Street
Mrs Margaret T. Erdman

18.

420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Coronary thrombosis

3 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Arteriosclerosis c.v. w.

5 yrs.

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/30, 1952 to 2/2, 1952 that I last saw the
deceased alive on 2/2, 1952 and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

S. Karl Ironman

M. D.

23B. ADDRESS

1212 N. Patterson Pl. Balto.

23C. DATE SIGNED

2/4/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

2/6/52

24C. NAME OF CEMETERY OR CREMATORY

Greenmount Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.
BALTO., 13, MD.

ADDRESS

Feng J. Sander

FEB 5 - 1952

VS 150

145200011110

937

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1011 32

THE UNIVERSITY OF CHICAGO

1011 32

THE UNIVERSITY OF CHICAGO

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THE UNIVERSITY OF CHICAGO

52 1115

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1115

Registered No.

BIRTH NO.

LAST

FIRST

1. NAME OF DECEASED
(Type or Print)

PRESTIANNI, Signorano

2. DATE
OF
DEATH

2-4-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION Franklin Square Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 27-34

D. STREET ADDRESS (If rural, give location)

4103 Granite Ave

c. Length of stay in Baltimore 45 years

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

4-11-1882

9. AGE (In years last birthday)

69

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Track man, B. & O. R.R.

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Nunzio Prestianni

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT 4103 Granite Ave Mrs. Bessie Prestianni

18. 420.0 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Coronary occlusion

DUE TO

ANTECEDENT CAUSES

(B) Arteriosclerotic Heart disease

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-28, 1952, to 2-4, 1952, that I last saw the deceased alive on 2-4, 1952, and that death occurred at 8:15 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Justin Kluska

M. D.

23B. ADDRESS

Franklin Square Hospital 2-4-52

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

2/7/52

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery Baltimore, Md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.

ADDRESS

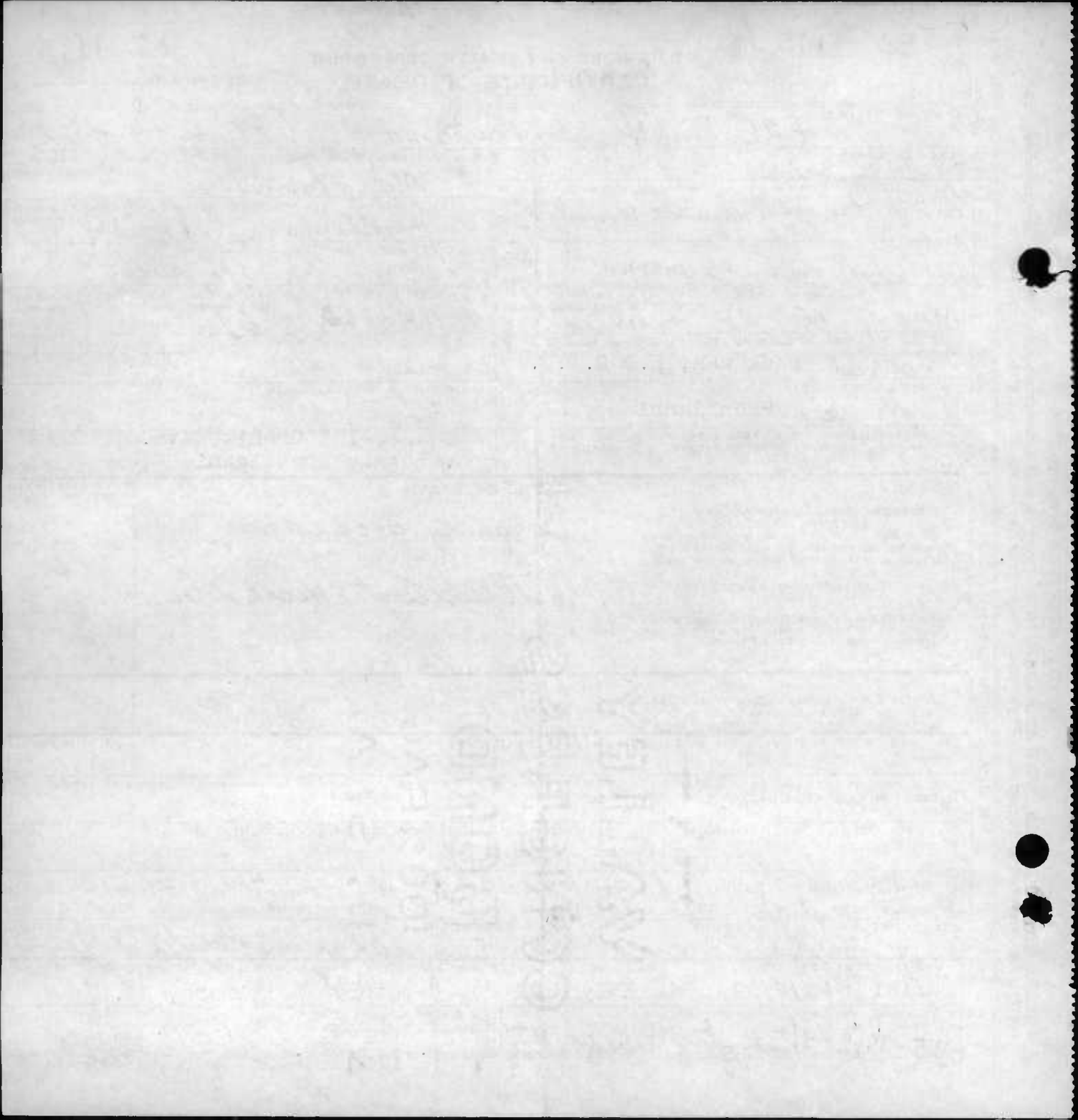
BALTO., 13, MD.

FEB 5 - 1952

VS 150

970 50

937



400
AB-155820

52

1116

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1116

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Cole

2. DATE
OF
DEATH

Jan. 27-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)Baltimore City Hospitals
4940 Eastern Ave.C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

3-01

D. STREET ADDRESS (If rural, give location)

313 S. Bethel St. zone 31

c. Length of stay in Baltimore 50 Yrs.

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

N

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Sept-19-1872

9. AGE (In years
last birthday)

79

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

In General

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Records: Baltimore City Hospitals
4940 Eastern Ave.

18.

331X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Bronchopneumonia

DUE TO

5 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Cerebral Vascular Accident

DUE TO

2 wks.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-19-1952 to 1-27-1952, that I last saw the
deceased alive on 1-27-1952 and that death occurred at 3A m., from the causes and on the date stated above.

23A. SIGNATURE

E. J. Rogers

M. D.

23B. ADDRESS

4940 Eastern Ave., Baltimore, Md.

23C. DATE SIGNED

2-4-1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/5/1952

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county)

Brooklyn Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 5 - 1952

Huntington Williams, M. D., Wilson 1000 Brantly

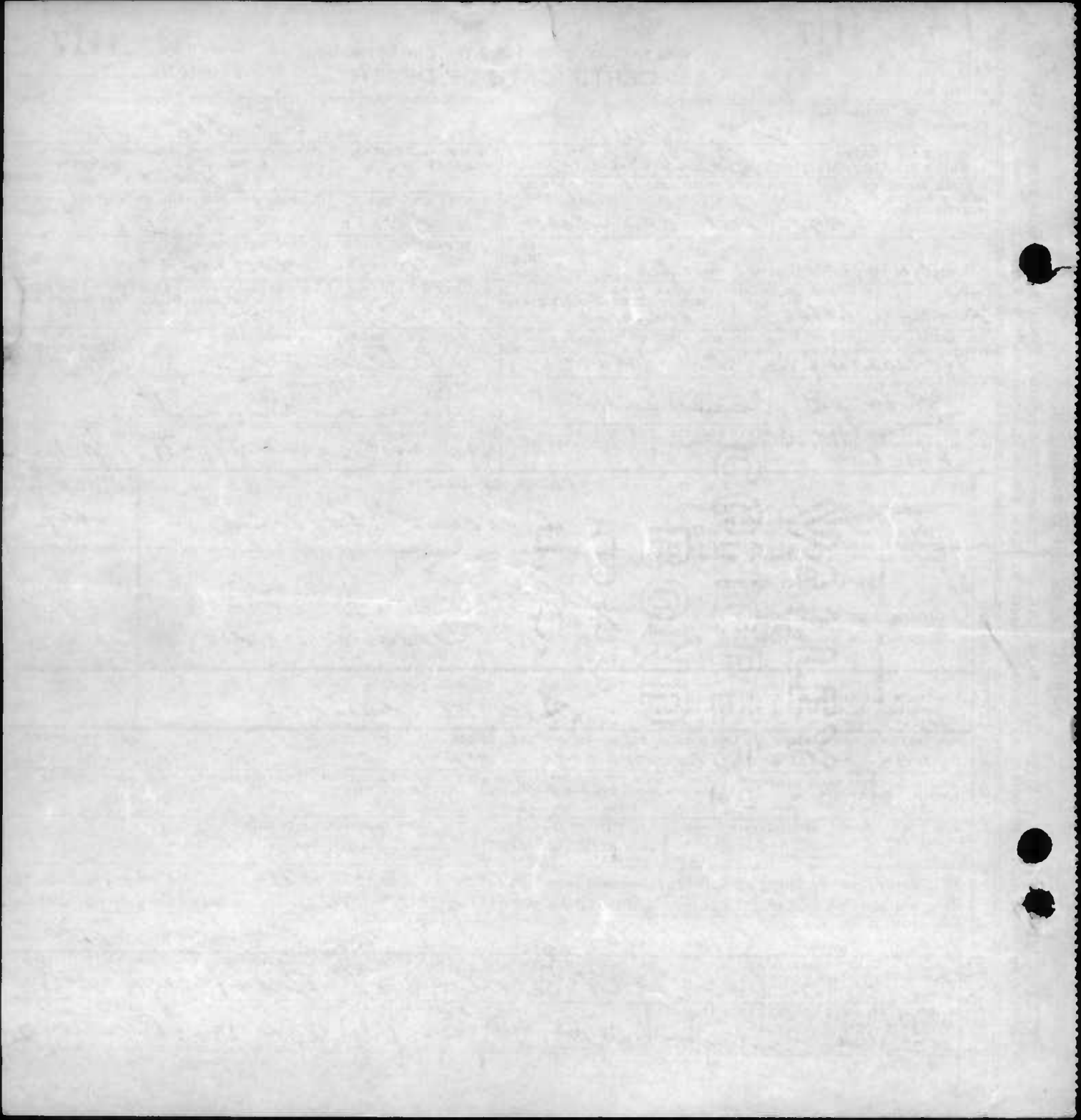
VS 150

83a 166

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 1117 300		52 1117	
BIRTH NO.			
1. NAME OF DECEASED (Type or Print) SCOTT MARY		2. DATE OF DEATH FEB. 2, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland BALTO. CITY		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY BALTO.	
B. FULL NAME OF HOSPITAL OR INSTITUTION SINAI HOSP. OF BALTO.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO. 6-03	
c. Length of stay in Baltimore Life Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 110 N. MADIERA	
5. SEX FEMALE	6. COLOR OR RACE NEGRO	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SEPARATED	8. DATE OF BIRTH 8/26/06
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY At Home	9. AGE (In years last birthday) 45
11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME James Crawley		14. MOTHER'S MAIDEN NAME Sandra Smith	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	
17. INFORMANT James Crawley		ADDRESS 110 N. Madiera	
18. 214X CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			
(A) CEREBRAL DEGENERATION DUE TO 40 DAYS			
ANTECEDENT CAUSES			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
(B) Anoxia DUE TO 10 DAYS			
(C) POST-OPERATIVE STATE			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DIABETES MELLITUS			
19A. DATE OF OPERATION JAN. 22 1952		19B. MAJOR FINDINGS OF OPERATION FIBRO MYOMATA UTERI	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1/22 , 19 52 , to 2/2 , 19 52 ; that I last saw the deceased alive on 2/2 , 19 52 , and that death occurred at 7:30 P.M. , from the causes and on the date stated above.			
23A. SIGNATURE Paul C. Weinberg M. D.		23B. ADDRESS Sinai Hosp of Balto.	
23C. DATE SIGNED 2/3/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2-6-52	
24C. NAME OF CEMETERY OR CREMATORY Brooklyn M.		24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR VS 150		REGISTRAR'S SIGNATURE Huntington Williams, M. D.	
25. FUNERAL DIRECTOR Wilson		ADDRESS 1000 Beauty	



MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. <i>52 1118</i>		1. NAME OF DECEASED (Type or Print) <i>Imming Stanley</i>		2. DATE OF DEATH <i>February 3, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balti. City</i>		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE <i>md.</i> B. COUNTY _____			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 7-05</i>			
c. Length of stay in Baltimore <i>40 yrs.</i>		D. STREET ADDRESS (If rural, give location) <i>520 N. Dallas St.</i>			
5. SEX <i>male</i>	6. COLOR OR RACE <i>colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>8-13-88</i>	9. AGE (in years last birthday) <i>63</i>	10. Under 1 Year Months: _____ Days: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Seaboard</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>On General</i>		11. BIRTHPLACE (State or foreign country) <i>Bucktown Md</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>Algy Cephas</i>		14. MOTHER'S MAIDEN NAME <i>Muntha Johnson</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	

18. <i>155X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Carcinoma of gallbladder unknown</i>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>1-31-52</i>		19B. MAJOR FINDINGS OF OPERATION <i>Carcinoma of gallbladder</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., home or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>1-25, 1952</i> to <i>2-3, 1952</i> that I last saw the deceased alive on <i>2-3, 1952</i> , and that death occurred at <i>6:09 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>H. Langford</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>2-4-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>2-6-52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>mt Calvary Cem.</i>	
24D. LOCATION (City, town, or county) (State) <i>Brooklyn Md</i>		25. FUNERAL DIRECTOR <i>Huntington Williams, M.D.</i>		ADDRESS <i>Chas. O. Wilson 1800 Buntz</i>	

THE STATE OF NEW YORK
IN SENATE
January 10, 1911

REPORT OF THE
COMMISSIONER OF THE
LAND OFFICE

FOR THE YEAR
1910

ALBANY:

1911

THE STATE OF NEW YORK
IN SENATE
January 10, 1911

1911

1911

U-520

52 1119

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1119

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Beatrice Wilson Jones		2. DATE OF DEATH Feb-2-1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland	
B. FULL NAME OF HOSPITAL OR INSTITUTION 427 North Eden Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 5-01	
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 427 North Eden Street	
5. SEX FEMALE	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July-12-1924 27
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY At Home	
13. FATHER'S NAME John H. Wilson		14. MOTHER'S MAIDEN NAME Mildred Wallace	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	

18. 002X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 2 hrs
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Pulmonary Tuberculosis		4-5 months
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10/27, 1951, to 2/2, 1952, that I last saw the deceased alive on 2/2, 1952, and that death occurred at 10A m., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 2/5/1952	24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.	24D. LOCATION (City, town, or county) (State) Brooklyn Md.
--	--------------------	--	--

DATE RECEIVED BY LOCAL REGISTER FEB 5-1952	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
--	-----------------------	----------------------	---------

VS 150

1313

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2 items

52 1120

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1120

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR INSTITUTE) **JOHNS HOPKINS HOSPITAL** (Location)4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years, If Under 1 Year If Under 24 Hours
last birthday) Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT **JOHNS HOPKINS HOSPITAL**

1B.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CASE OF DEATH

(A) Far advanced Pulmonary Tuberculosis

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

6 + more

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 30 - 1952 to 2 - 2 - 1952, that I last saw the
deceased alive on 2 - 2 - 1952, and that death occurred at 9:30 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

97099

Pressman St 1313

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1011 8

UNITED STATES DEPARTMENT OF AGRICULTURE

1911

✓

1911



VALLEY

CONCRETE

1911

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ida Wade

2. DATE
OF
DEATH

Feb 2, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

530 Bloom st

C. CITY OR TOWN

Balto

(If outside corporate limits, write RURAL and give township)

14-03

D. STREET ADDRESS (If rural, give location)

530 Bloom st

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

Oct 29, 1886

9. AGE (In years last birthday)

65

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)

House wife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Charles Tippett

14. MOTHER'S MAIDEN NAME

Catherine Reed

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mary E. Tippett 1113 Etting st

18.

442X 1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cardio-vascular

DUE TO

ANTECEDENT CAUSES

(B)

Renal disease

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

NOT WHILE

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1950, to Feb. 2, 1952, that I last saw the deceased alive on Jan. 19, 1952, and that death occurred at 7:20 p.m., from the causes and on the date stated above.

23A. SIGNATURE

M. B. Butler

M. D.

23B. ADDRESS

2033 East Hill

23C. DATE SIGNED

2-4-52

24A. BURIAL, CREMATION,
REMOVAL (Specify)

24B. DATE

2/8/52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Balto. Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

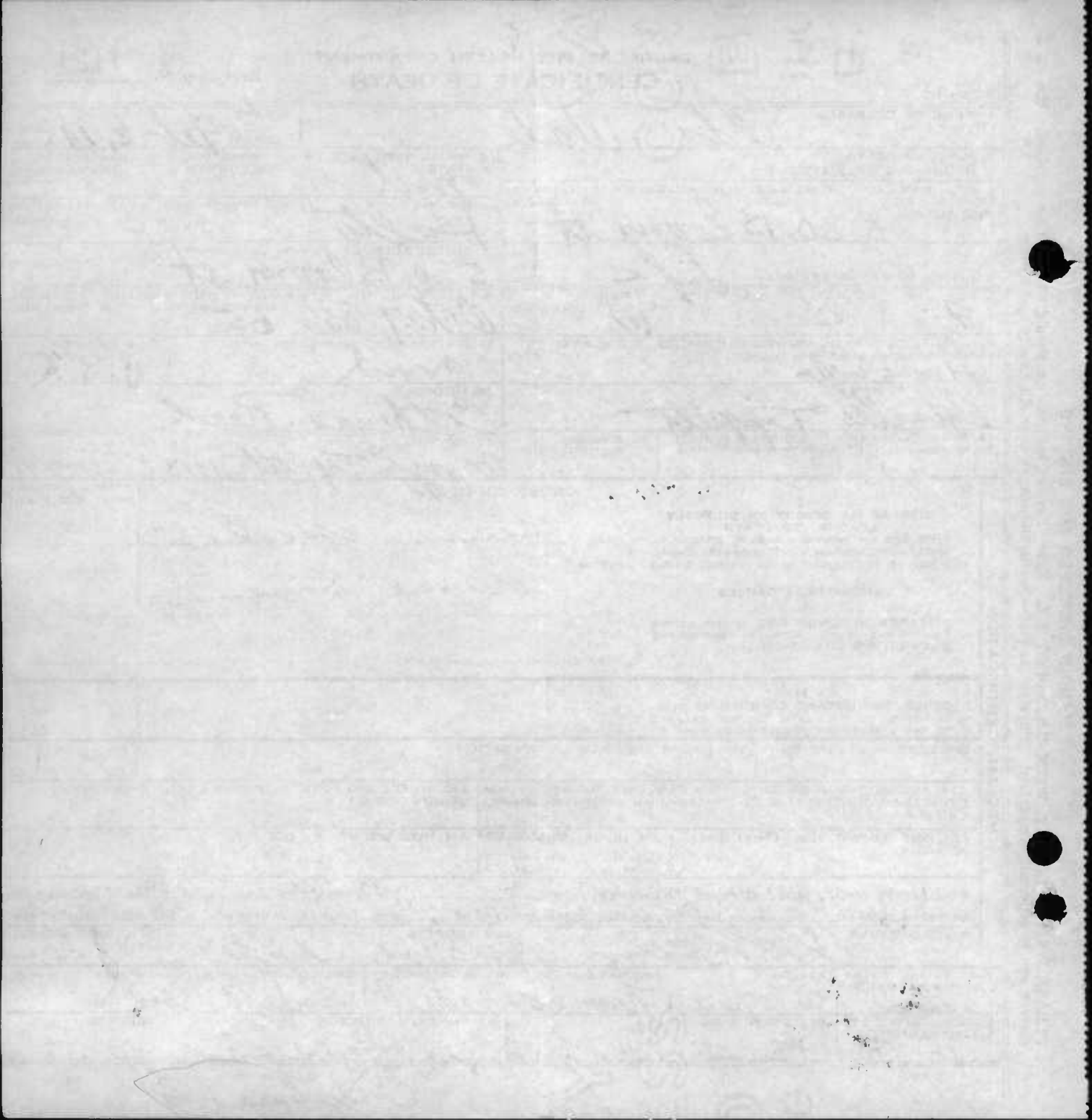
Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Mrs. H. E. Kelson 1303

Cresstman St 131a



52 1122

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

52 1122

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*John T. Bowling*2. DATE
OF
DEATH*Feb. 4-1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION*5505 Summerfield*

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 26-01

D. STREET ADDRESS (If rural, give location)

5505 Summerfield Ave

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years,
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) *Carcinoma. Prostate*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH*1 yr. 9 mo*II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *April*, 19*50*, to *7 4*, 19*52*, that I last saw the
deceased alive on *2/3*, 19*52*, and that death occurred at *7 A* m., from the causes and on the date stated above.

23A. SIGNATURE

J. S. Harding

23B. ADDRESS

3805 Belair Rd

23C. DATE SIGNED

*7/4/52*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

*Funeral**2/7/52**New Catholic**Baltimore Md.*DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*FEB 5 - 1952**Huntington Williams, M.D.**J. I. Beck**5305 Bayford*

VS 150

773 93

512

Dr. Harding

L-520
Dr. Brennan
52 1123BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1123

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Marie Olga Lanasa

2. DATE
OF
DEATH Feb. 2, 19523. PLACE OF DEATH:
A. Baltimore City, MarylandB. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

2806 Echodale Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 27-06

D. STREET ADDRESS (If rural, give location)

2806 Echodale Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

Sept. 24, 1890

9. AGE (In years
last birthday)

61

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
at home10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John T. Brady

14. MOTHER'S MAIDEN NAME

Margaret Dougherty

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Marie Smith, 2806 Echodale Ave

18. 416X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Pulmonary Embolism

1/2 hour

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Auricular Fibrillation

6 years

(C)

Inactive Rheumatic Heart Disease

?

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Inactive Pulmonary Tuberculosis ?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 45-1945 to Feb 2, 1952 that I last saw the
deceased alive on Jan 25, 1952 and that death occurred at 5:15 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Thomas J. Brennan M.D.

23B. ADDRESS

5217 Harford Road

23C. DATE SIGNED

2-4-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

2-5-52

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

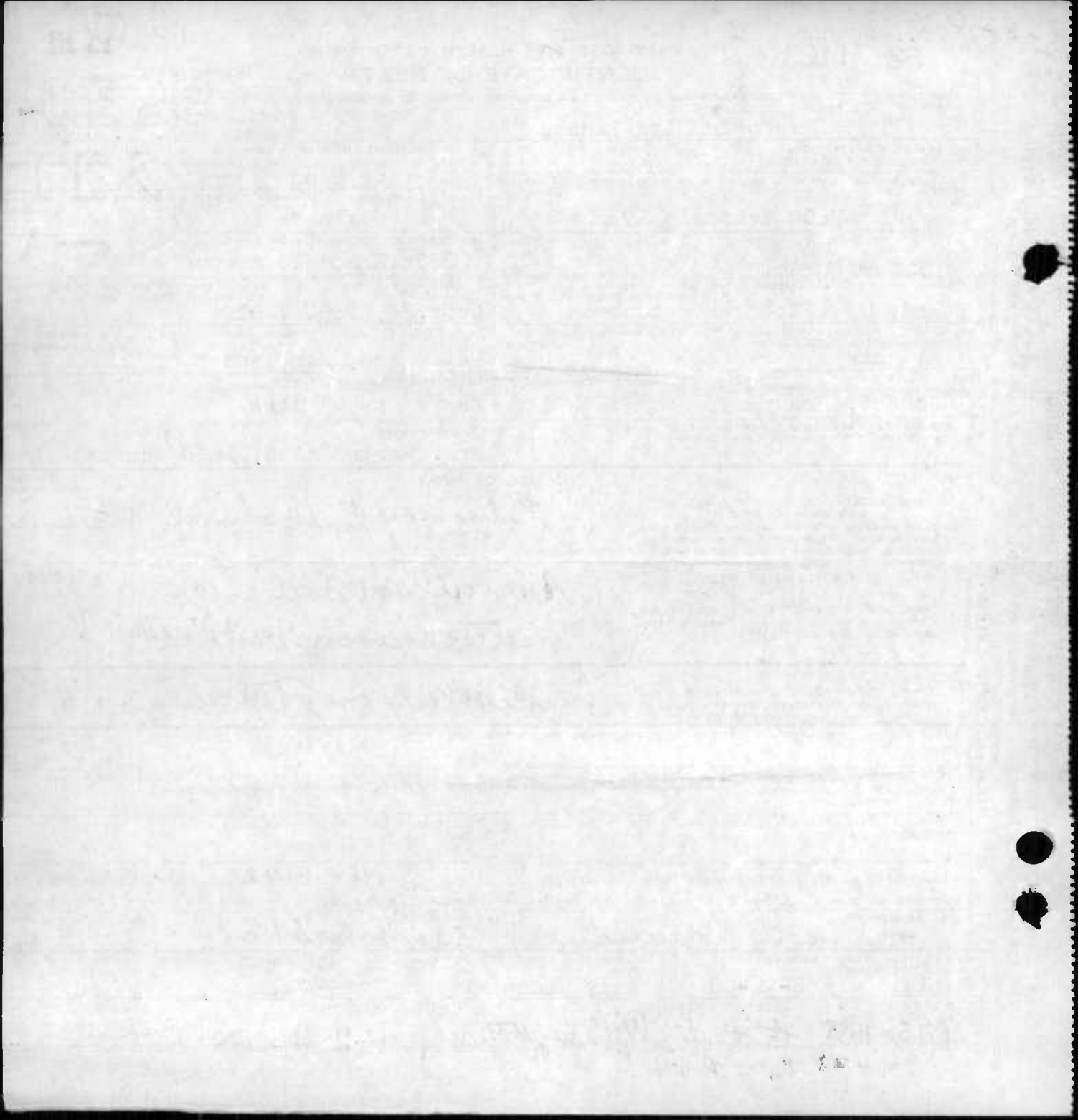
FEB 5 - 1952 Huntington Williams, M.D. Leonard J. Ruck, 5305 Harford Road.

VS 150

95B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



52 1124

SOMERS
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1124

BIRTH NO.			1. NAME OF DECEASED (Type or Print) <i>Elmer Somers</i>			2. DATE OF DEATH <i>2-5-52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Virginia</i> B. COUNTY <i>V-43</i>					
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>University Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Parkley</i>					
c. Length of stay in Baltimore <i>18</i> Days			D. STREET ADDRESS (If rural, give location) <i>None</i>					
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M.</i>	8. DATE OF BIRTH		9. AGE (in years last birthday) <i>65</i>	If Under 1 Year Months: Days		If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of worklog life, even if retired) <i>Retired Lawyer</i>			10B. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <i>Virginia</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>James Somers</i>			14. MOTHER'S MAIDEN NAME <i>Margaret Meares</i>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS		
18. <i>177X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>I</i> <i>Carcinoma Prostate Gland</i> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>None</i>			CAUSE OF DEATH <i>Carcinoma Prostate Gland</i>			INTERVAL BETWEEN ONSET AND DEATH <i>unknown</i>		
19A. DATE OF OPERATION <i>0</i>			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>15 Jan</i> , 19 <i>52</i> , to <i>5 Feb</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>4 Feb</i> , 19 <i>52</i> , and that death occurred at <i>2:15 A.M.</i> , from the causes and on the date stated above.								
23A. SIGNATURE <i>E. P. Hunt</i>			23B. ADDRESS <i>University Hospital</i>			23C. DATE SIGNED <i>5 Feb 52</i>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>			24B. DATE <i>2/5/52</i>			24C. NAME OF CEMETERY OR CREMATORY <i>Accomac</i>		
24D. LOCATION (City, town, or county) (State) <i>Accomac, Virginia</i>								
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 5 - 1952</i>			REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>			25. FUNERAL DIRECTOR ADDRESS <i>Chm. Cooke, Inc., 1217 St. Paul St.</i>		

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MRS. ROBERTA M. SMITH.

2. DATE
OF
DEATH

4 Feb. 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

1310 N. Beaulieu St.

Home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Md

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

16-05

O. STREET ADDRESS (If rural, give location)

1310 N Beaulieu St

c. Length of stay in Baltimore

1 yr

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 18, 1912

9. AGE (In years
last birthday)

39

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Harry Conley

14. MOTHER'S MAIDEN NAME

Beatrice McQueen

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or date of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Beatrice Frank, 1310 Beaulieu St

18. 274X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Dehydration and inanition extreme

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Addison's Disease

10 yrs.

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Rectovaginal fistula

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 18 Dec., 1948, to 4 Feb., 1952, that I last saw the
deceased alive on 4 Feb., 1952, and that death occurred at 2:12 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Joseph E. Muse

23B. ADDRESS

5 West 29th St. (18)

23C. DATE SIGNED

4 Feb. 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

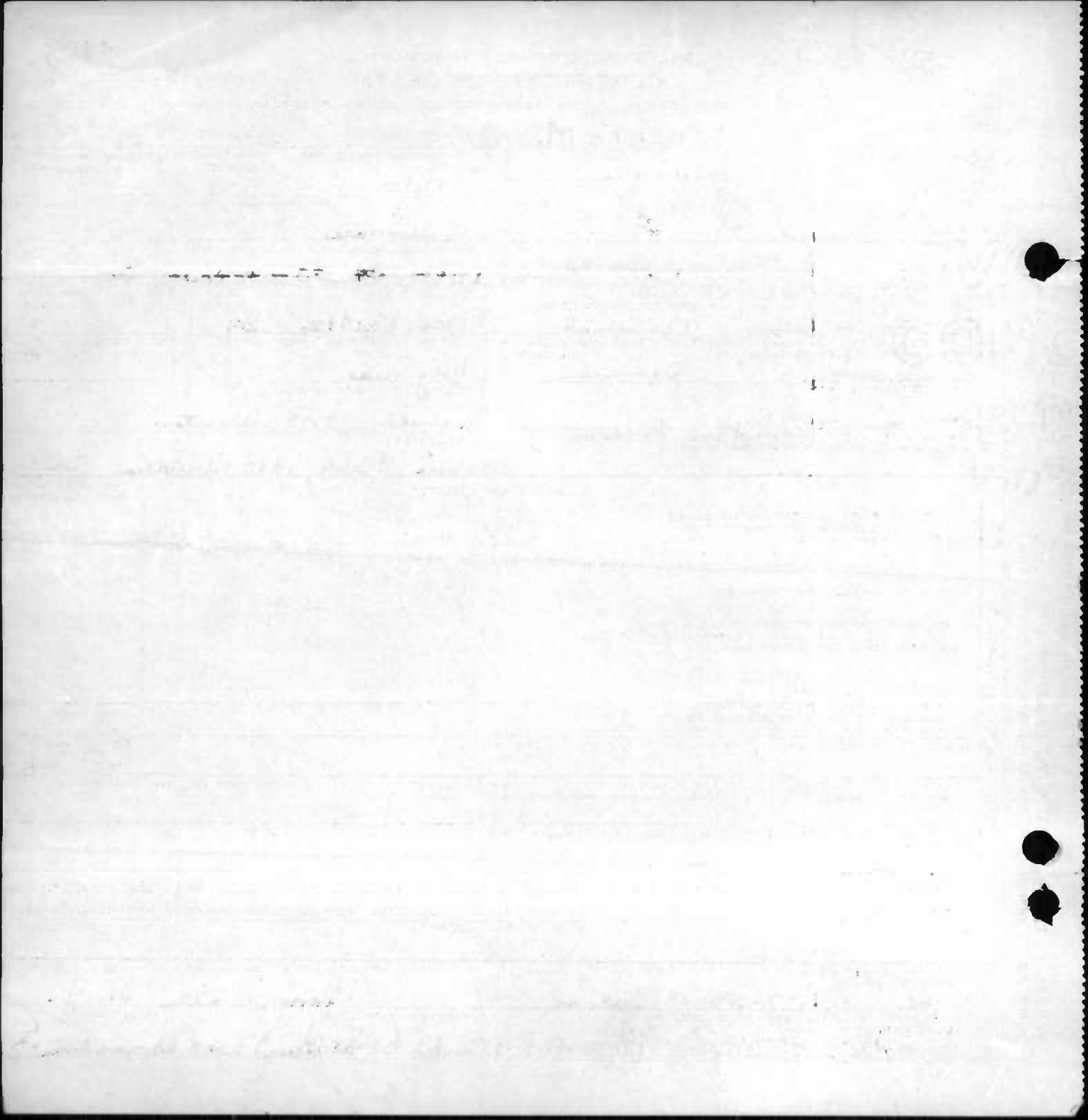
FEB 5 - 1952

Huntington Williams M.D.

2503 Edmond St

VS 150

65a



PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

52 1126

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 1126
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Albert Fankhanel		2. DATE OF DEATH Feb. 4, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 2909 Walbrook Ave.,		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-06			
c. Length of stay in Baltimore 78- Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2909 Walbrook Ave.,			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 26, 1873	9. AGE (In years last birthday) 78	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Mech. Draftsman & Designer		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Md.	
13. FATHER'S NAME Henry Fankhanel		12. CITIZEN OF WHAT COUNTRY?			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Amelia Roeder	
17. INFORMANT Mrs. Amelia Fankhanel		ADDRESS 2909 Walbrook			
18. 331X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage DUE TO Arterio-sclerosis DUE TO Arterio-sclerosis DUE TO		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH 11 days 2 yrs.	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan. 24, 1952 to Feb. 3, 1952 that I last saw the deceased alive on Feb. 3, 1952 and that death occurred at 3:30 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE Isaac C. Dickson		23B. ADDRESS 3055 W. North Ave.		23C. DATE SIGNED Feb. 4-52.	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2-7-1952		24C. NAME OF CEMETERY OR CREMATORY Baltimore	
24D. LOCATION (City, town, or county) Baltimore		24E. STATE Md.			
DATE RECEIVED BY LOCAL REGISTRAR 5-1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR G. Howard Strong	
				ADDRESS 3207 W. North Ave.	

VS 150

83a

MARGIN RESERVED FOR INDEXING

11111

11111



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 1127

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Albert H. Marlow

2. DATE
OF
DEATH

Feb. 3, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Mercy Hospital (DOA)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

12-05

D. STREET ADDRESS (If rural, give location)

26 E. Lanvale St.,

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

July 31, 1872

9. AGE (In years
last birthday)

79

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Collector (Retired)

10B. KIND OF BUSINESS OR
INDUSTRY

The Hub Co.

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James Humphrey Marlow

14. MOTHER'S MAIDEN NAME

Anna Isadora Rowe

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

216-709-854

17. INFORMANT

ADDRESS

701

Mrs. J. Margaret Coates Morningside Dr.

18.

420-1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary Disease

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐NOT WHILE ☐

AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Wm. H. Kammer, Jr.

M.D.

23B. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☐MEDICAL INVESTIGATOR ☒

23C. DATE SIGNED

Feb. 4, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 6, 1952

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park

24D. LOCATION (City, town, or county)

Woodlawn

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

G. Howard Strong 3207 W. North Ave.,

VS 151

942

1514

UNITED STATES OF AMERICA

1514

IN SENATE
January 15, 1903
REPORT
OF THE
COMMISSIONER OF THE
GENERAL LAND OFFICE
TO THE SENATE
IN RESPONSE TO A RESOLUTION
PASSED MAY 1, 1899

BY
JAMES H. HARRIS,
COMMISSIONER OF THE
GENERAL LAND OFFICE.

WASHINGTON:
GOVERNMENT PRINTING OFFICE:
1903.

1514

1514

52 1128

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Thomas Jones

2. DATE
OF
DEATH

Feb 4, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

826 W Vine St.

C. CITY OR TOWN

Balto.

D. STREET ADDRESS (If rural, give location)

826 Vine St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan. 10, 1883

9. AGE (in years,
last birthday)

69

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Construction

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Wallace Jones

14. MOTHER'S MAIDEN NAME

Martha ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Julia Jones 826 Vine St.

18.

442X
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

2-1-32

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-2-1951, to 2-1-1952, that I last saw the
deceased alive on 2-1-1952 and that death occurred at 9:40 m., from the causes and on the date stated above.

23A. SIGNATURE

M. K. Williams

23B. ADDRESS

805 W. Fremont

23C. DATE SIGNED

2-3-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/5/1952

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem.

24D. LOCATION (City, town, or county) (State)

Balto.

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 5 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Mr. K. Williams

ADDRESS

322 R

VS 150

952 97024 1127

131a

PLEASE WRITE IN INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

MARGIN RESERVED FOR BINDING

J-520
52 1128

General Kennedy
Philadelphia, Pa.
- General Kennedy

1000 1000 1000
1000 1000 1000
1000 1000 1000

V-265-
52 1129BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1129
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

DONALD M. VICKERMAN

2. DATE
OF
DEATH FEB 5, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

PENNA

V-35

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

PITTSBURGH

D. STREET ADDRESS (If rural, give location)

622, ORCHARD AVE, BELLEVUE

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

MERCY HOSP.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

WILLARD I. VICKERMAN-PITTS, PA

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

Anoxemia due to Congenital
Heart Disease
Taussig-Bing SyndromeINTERVAL BETWEEN
ONSET AND DEATH

?

Since
BirthII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased on 4 Feb, 1952, to, 19, that I last saw the
deceased alive on 4 Feb, 1952, and that death occurred at 10:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

47074

157E

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1130
Registered No.52 1130
620 BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Ernest Caruso</i>			2. DATE OF DEATH <i>Feb. 2, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1821 W. Fayette St</i>			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY <i>Balto</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto</i> <i>70-01</i>		
c. Length of stay in Baltimore <i>42</i> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>1821 W. Fayette St</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>40 1904</i>	9. AGE (in years last birthday) <i>48</i>	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housework</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>at home</i>	11. BIRTHPLACE (State or foreign country) <i>Lynch Va.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
13. FATHER'S NAME <i>I don't know</i>			14. MOTHER'S MAIDEN NAME <i>I don't know</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>Edward Caruso 1402 Jackson St</i>		
18. <i>151X</i> CAUSE OF DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) (A) <i>Carcinoma of stomach</i> DUE TO					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., home or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>1-15</i> , 19 <i>52</i> , to <i>2-2</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>2/2</i> , 19 <i>52</i> and that death occurred at <i>6 P.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Jerome Gaber</i>		23B. ADDRESS <i>1104 E. Callespring Lane</i>		23C. DATE SIGNED <i>2/2/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <i>Feb. 7, 1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Holy Cross</i>	
24D. LOCATION (City, town, or county)		24E. LOCATION (State)		24F. LOCATION (City, town, or county)	
DATE RECEIVED BY LOCAL REGISTRAR <i>EB 5-1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS <i>St. Joseph's 1400 N. Charles</i>	

10-11

021

10-11-1944

10-11-1944

10-11-1944

10-11-1944

10-11-1944

10-11-1944

10-11-1944

10-11-1944

10-11-1944

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1131
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Roman Majka</i>			2. DATE OF DEATH <i>Feb. 3 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore Md</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>St Joseph's Home for the Aged</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 1-05</i>		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>132 S. Patterson Park Ave.</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>Feb 2 1957</i>		9. AGE (In years: last birthday) <i>95</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer retired</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Poland</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>unknown</i>			14. MOTHER'S MAIDEN NAME <i>unknown</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <i>Jacenty Majka</i> ADDRESS <i>909 S. Curley St.</i>		

18. <i>794X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Senility</i>	CAUSE OF DEATH <i>Senility</i>	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Jan. 30, 1952</i> to <i>Feb. 3, 1952</i> , that I last saw the deceased alive on <i>Jan 30, 1952</i> , and that death occurred at <i>5 a</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Sigmund B. Nowak</i> M. D.		23B. ADDRESS <i>408 S. Patt. Ph. An.</i>		23C. DATE SIGNED <i>Feb. 5, 1952</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Feb 6 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Holy Rosary Cemetery</i>		24D. LOCATION (City, town, or county) (State) <i>German Hill Rd Balto Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 5 - 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>John J. Wada Inc</i> ADDRESS <i>2829 Hudson St.</i>	

1831

RECEIVED OF DEAN

1831

[Faint, mostly illegible handwritten text, likely bleed-through from the reverse side of the page. Some words like "received" and "of" are faintly visible.]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

K-260 med. Exam. Case
52 1132

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1132

BIRTH NO.			1. NAME OF DECEASED (Type or Print) <i>George Kocher</i>			2. DATE OF DEATH FEB 4 - 1952			
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Baltimore</i> C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>9-08</i> D. STREET ADDRESS (If rural, give location) <i>6016 GUTMAN AVE</i>						
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			c. Length of stay in Baltimore Yrs. <i>0</i> Mos. <i>0</i> Days <i>0</i>						
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>March 18, 1886</i>			9. AGE (in years last birthday) <i>65</i>		10. Under 1 Year Months: <i>0</i> Days: <i>0</i>	11. Under 24 Hours Hours: <i>0</i> Min: <i>0</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Ret. R. R. Engineer</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Bethlehem Steel</i>			11. BIRTHPLACE (State or foreign country) <i>Pennsylvania</i>			12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>James W. Kocher</i>			14. MOTHER'S MAIDEN NAME <i>Mary Gunze</i>			17. INFORMANT			ADDRESS
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>			16. SOCIAL SECURITY NO.			17. INFORMANT			ADDRESS

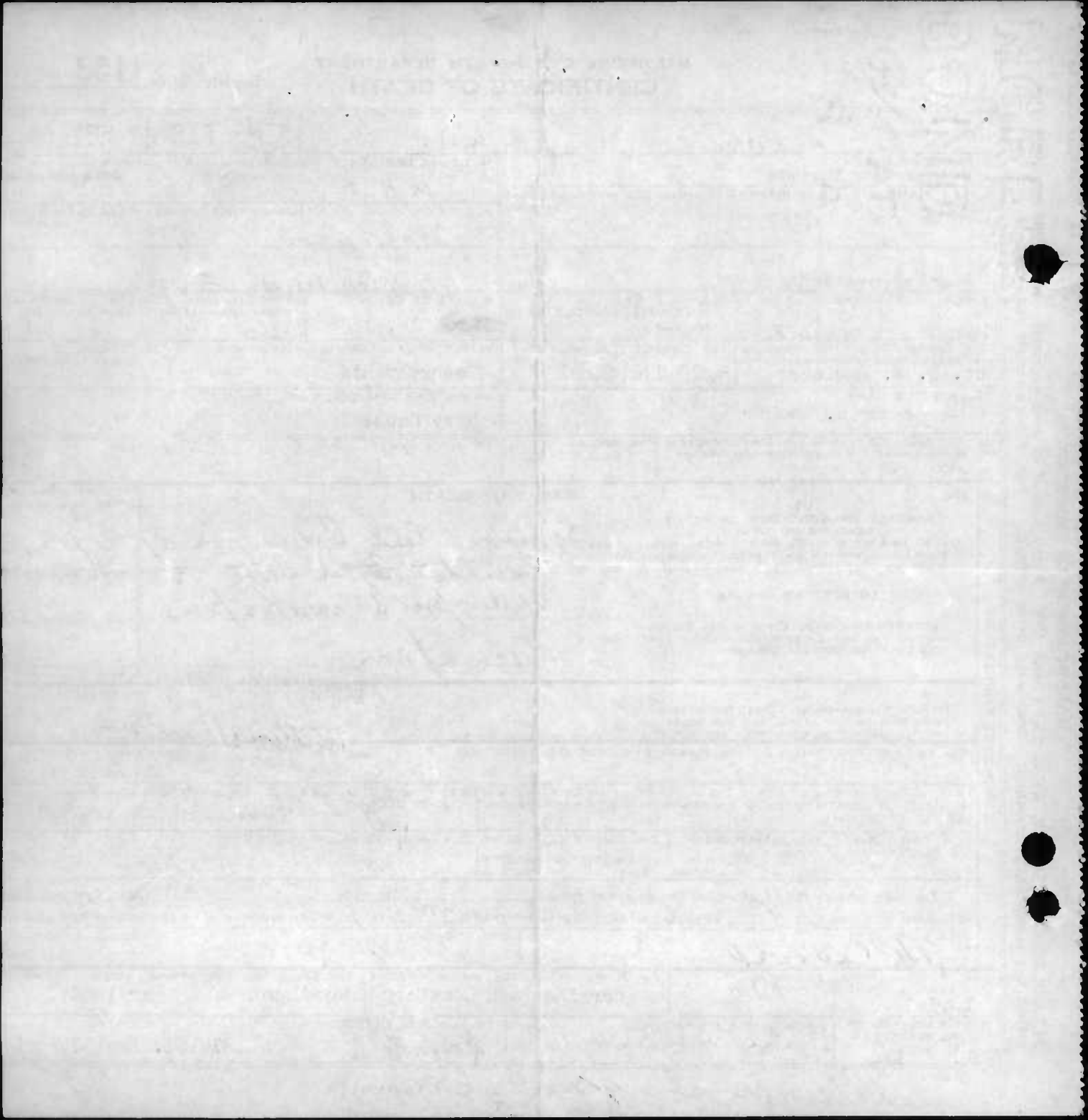
18. <i>145X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Squamous Cell Carcinoma of Tonsillar Region with wide spread metastasis</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH <i>3 yrs.</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Emaciation</i>		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CERTIFICATION APPROVED BY <i>William L. [Signature]</i> CHIEF OR ASST. MEDICAL EXAMINER	
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input checked="" type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <i>6016 Gutman Avenue</i>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>2/4/52, approx 2-34 a.m.</i>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? <i>Fell 40 floor while getting out of bed</i>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on <i>2-4-</i> , 19 <i>52</i> and that death occurred at <i>3:45</i> A.M., from the causes and on the date stated above.			
23A. SIGNATURE <i>H. Carroll</i>	23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	24B. DATE <i>2/7/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Lorraine Park Cemetery</i>	24D. LOCATION (City, town, or county) (State) <i>Woodlawn, Maryland</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 5 - 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR ADDRESS <i>Wm. C. [Signature] 1217 St. Paul Street</i>	

VS 150

To be approved by Medical Examiner

45F



C-152
52 1133

52 1133

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

SARAH

Copenspire

2. DATE
OF
DEATHFebruary 4
1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

1922 Edmondson Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Md

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto 16-04

D. STREET ADDRESS (If rural, give location)

1922 Edmondson Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

4/27/1867

9. AGE (In years
last birthday)

84

If Under 1 Year

Months; Days

If Under 24 Hours

Hours; Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Arlington N.J.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Walton

14. MOTHER'S MAIDEN NAME

Sarah Westlake

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Chas. Copenspire Edmondson Ave

1922

18. 470.0 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)(A) CHRONIC MYOCARDITIS AND
DUE TO MYOCARDIAL DEGENERATION

3 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Arteriosclerotic heart disease 5 yrs
DUE TO Generalized Arteriosclerosis ?
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from December 26, 1951, to Feb 4, 1952, that I last saw the
deceased alive on Feb 2, 1952, and that death occurred at 10:00 AM, from the causes and on the date stated above.

23A. SIGNATURE

Melvin N. Borden

M. D.

23B. ADDRESS

5000 Old Frederick Road

23C. DATE SIGNED

2/4/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

2/6/52

24C. NAME OF CEMETERY OR CREMATORY

Towson City

24D. LOCATION (City, town, or county)

N.J.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

EB 5 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. Robt. Inc. 1217 St. Paul St.

ADDRESS

STATE OF NEW YORK
CERTIFICATE OF DEATH

FILE NO.

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF ENTRY

PLACE OF ENTRY

DATE OF DEPARTURE

PLACE OF DEPARTURE

DATE OF RETURN

PLACE OF RETURN

DATE OF DEATH

PLACE OF DEATH

DATE OF DEATH

PLACE OF DEATH

DATE OF DEATH

PLACE OF DEATH

DATE OF DEATH

PLACE OF DEATH

DATE OF DEATH

PLACE OF DEATH

DATE OF DEATH

PLACE OF DEATH

DATE OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Emma J. Rudiger

2. DATE
OF
DEATH

February 3, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3807 Greenmount Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3807 Greenmount Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

December 20, 1881

9. AGE (In years
last birthday)

70

11 Under 1 Year
Months Days

11 Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Louis Blondell

14. MOTHER'S MAIDEN NAME

Jane Mullen

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

--

16. SOCIAL SECURITY NO.

--

17. INFORMANT

ADDRESS

Mrs. Francis Phillips, 3807 Greenmount Ave.

18.

420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

**Coronary Occlusion
arteriosclerotic cardio-
Vascular disease**

16 hrs

5 yrs.

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Feb. 2, 1952** to **Feb. 3, 1952** that I last saw the deceased alive on **Feb. 3, 1952** and that death occurred at **2:30 P.M.** from the causes and on the date stated above.

23A. SIGNATURE

Lloyd C. Taylor

23B. ADDRESS

3902 Greenmount

23C. DATE SIGNED

Feb. 3, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

2/7/52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cemetery

24D. LOCATION (City, town, or county)

Baltimore,

Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 5 - 1952

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

Wm. Cook, Inc.

ADDRESS

1217 St. Paul Street

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED THE OFFICE OF THE

CERTIFICATE OF DEATH

1



MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-650
52 1135

52 1135

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Elizabeth C. Brown		February 4, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland		
B. FULL NAME OF HOSPITAL OR INSTITUTION 912 St. Dunstons Road			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			O. STREET ADDRESS (If rural, give location) 912 St. Dunstons Road		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH April 17, 1872	9. AGE (in years, last birthday) 79	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10B. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (State or foreign country) Pennsylvania
13. FATHER'S NAME William Quinn			14. MOTHER'S MAIDEN NAME Catherine L. Larery		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mr. Robert E. Brown, 912 St. Dunstons Road	
18. 170x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			CAUSE OF DEATH (A) Carcinoma of heart DUE TO (B) Metastasis of viscera & lungs DUE TO Tuberculosis (C)		INTERVAL BETWEEN ONSET AND DEATH 1950 1951 1951
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21P. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 2, 1952, to Feb 4, 1952, that I last saw the deceased alive on Feb 1, 1952 and that death occurred at 4 A. M., from the causes and on the date stated above.					
23A. SIGNATURE Dr. Bishop		23B. ADDRESS 508 Shandon Ave		23C. DATE SIGNED 2/4/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 2/6/52		24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery	
				24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR FEB 5 - 1952		REGISTRAR'S SIGNATURE Wilmington		25. FUNERAL DIRECTOR ADDRESS Kearney & Co 4217 St. Paul Street	

DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
STATE OF NEW YORK

Form with multiple sections for recording vital statistics, including fields for name, date, sex, age, and cause of death. The form is divided into several columns and rows, with some sections containing checkboxes and others containing lines for text entry. The text is faint and difficult to read, but the structure is clear.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 1136
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Irving J. Slater

2. DATE
OF
DEATH

FEB 3 - 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Med. Opl 6

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Md.

C. CITY OR TOWN,

(If outside corporate limits, write RURAL and give township)

Baltimore

14-01

D. STREET ADDRESS (If rural, give location)

1919 Linden Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

6-11-96

9. AGE (in years
last birthday)

55

If Under 1 Year Months Days
If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

SALESMAN

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

TEXAS #2 WAYNE Co. PA.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

SAMUEL SLATER

14. MOTHER'S MAIDEN NAME

ELLEN (UNKNOWN)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

YES

(If yes, give war or dates of service)

WORLD WAR I

16. SOCIAL
SECURITY NO.

216-05-8514

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. *330X*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Sub Arachnoid

DUE TO

Hemorrhage

3d

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORK

NOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *1-29-* *1952* to *2-3-* *1952* that I last saw the
deceased alive on *2-3-* *1952*, and that death occurred at *3:40* *Am.*, from the causes and on the date stated above.

23A. SIGNATURE

Richard S. Ross

23B. ADDRESS

23C. DATE SIGNED

2/7/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

FEB. 6, 1952

24C. NAME OF CEMETERY OR CREMATORY

U. S. NATIONAL

24D. LOCATION (City, town, or county)

BALTIMORE, MD

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 5 - 1952

William Cook, Jr.

1217 ST. PAUL ST.

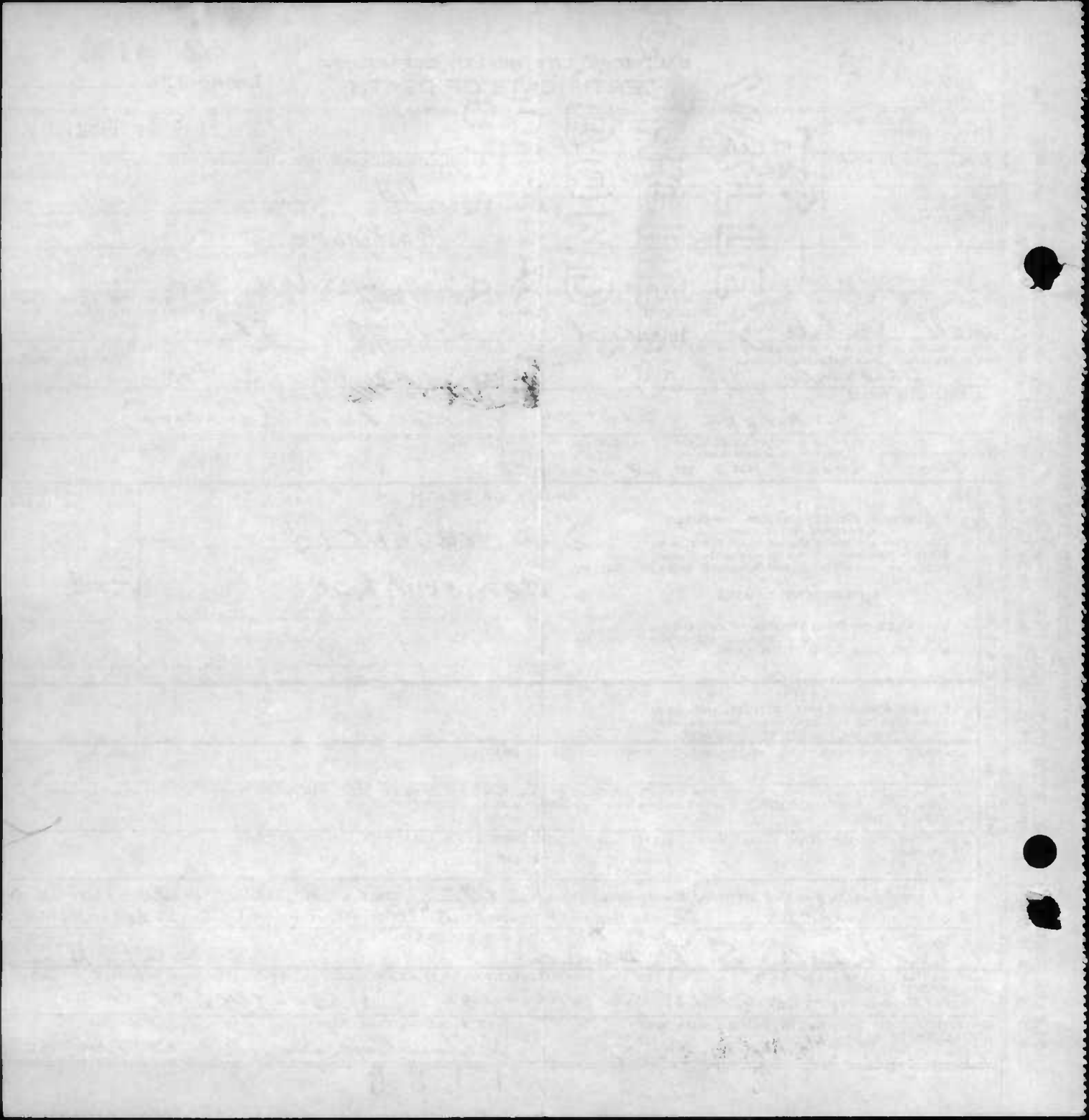
VS 150

49099 3 5

83a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



B-220.
52 1137

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1137
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Edward Busick 2. DATE OF DEATH 2/13/1952

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md B. COUNTY _____

B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION)
1409 E. Lanvale St
Edward Busick

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Balto 9-09

D. STREET ADDRESS (If rural, give location)
1409 E. Lanvale St.

c. Length of stay in Baltimore

5. SEX Male 6. COLOR OR RACE White 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH 9/5/1865 9. AGE (In years last birthday) 86 11. BIRTHPLACE (State or foreign country) Balto. Md. 12. CITIZEN OF WHAT COUNTRY? _____

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Paper hanger 10B. KIND OF BUSINESS OR INDUSTRY Own

13. FATHER'S NAME
Joshua Busick

14. MOTHER'S MAIDEN NAME
Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service) _____

16. SOCIAL SECURITY NO. _____ 17. INFORMANT ADDRESS
Mrs Ernest Daw 1409 E. Lanvale St.

18. 472.1 CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, athenia, etc. It means the disease, injury or complication which caused death.)

(A) Anterior lentical-V disease 5 years

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) _____
DUE TO

(C) _____

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0 19B. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐ 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____ 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____ 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 12 1940 to 2.3 1952, that I last saw the deceased alive on 2.1 1952 and that death occurred at 6 Am., from the causes and on the date stated above.

23A. SIGNATURE W. H. Brunger M. D. 1520 E. 39th St 23B. ADDRESS 2.4.52 23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial 24B. DATE 2/6/52 24C. NAME OF CEMETERY OR CREMATORY Balto. 24D. LOCATION (City, town, or county) (State) Balto. Md.

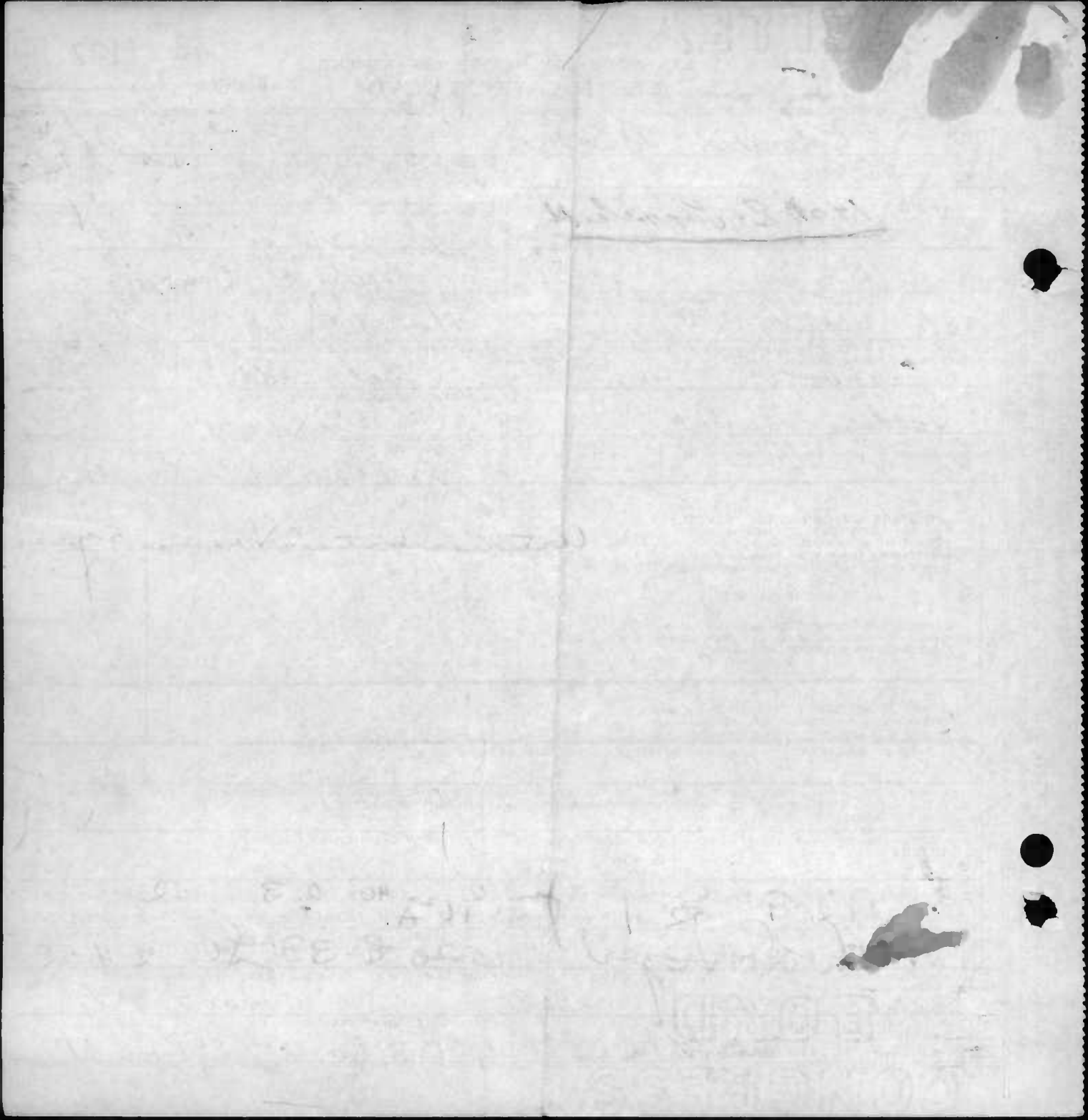
DATE RECEIVED BY LOCAL REGISTRAR FEB 6 - 1952 REGISTRAR'S SIGNATURE W. H. Brunger 25. FUNERAL DIRECTOR ADDRESS 421 Port Inc. 1217 St. Paul St

VS 150

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



W-4520 1138

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1138

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BERNARD F. WALSH

2. DATE
OF
DEATH

FEB *3, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)A. STATE
MARYLAND

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)

INSTITUTION 1830 WEST BALTIMORE STREET

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE CITY

20-01

D. STREET ADDRESS (If rural, give location)

1830 WEST BALTIMORE STREET

c. Length of stay in Baltimore

Yrs.
Life Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Feb: 25 -1874 77

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Baltimore Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Patrich Walsph

14. MOTHER'S MAIDEN NAME

Anna Kelly

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

H.L. Henry..1314 Poplar Grove St

18.

490X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Lobar pneumonia

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

1 week

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 25, 1952, to Feb 3, 1952, that I last saw the
deceased alive on Feb. 2, 1952, and that death occurred at 8:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

J. C. Long

M. D.

23B. ADDRESS

4508 Edmondson Village

23C. DATE SIGNED

2/4/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

FEB: 6, 1952

24C. NAME OF CEMETERY OR CREMATORY

St. Peters Cemetery

24D. LOCATION (City, town, or county)

Baltimore Maryland

DATE RECEIVED BY
REGISTRAR

REGISTRAR'S SIGNATURE

J. B. Wippert & Son

25. FUNERAL DIRECTOR

ADDRESS

J. B. Wippert & Son

NO. 100

RECEIVED
DEPARTMENT OF AGRICULTURE
WASHINGTON, D. C.

NO. 100

RECEIVED

NO. 100

NO. 100

RECEIVED

NO. 100

NO. 100

RECEIVED

NO. 100

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R-240
52 1139BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1139
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

DANIEL RUSSELL

2. DATE
OF
DEATH

2/1/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10. Under 1 Year
Months: Days
11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 443 X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 1/30, 1952 to 2/1, 1952, that I last saw the
deceased alive on 1/30, 1952, and that death occurred at 4 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

STATE OF TEXAS
COUNTY OF DALLAS

BEFORE ME, the undersigned authority, on this day personally appeared _____

known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____, 19____.

Notary Public in and for the State of Texas

My commission expires this _____ day of _____, 19____.

Witness my hand and seal of office this _____ day of _____, 19____.

Notary Public in and for the State of Texas

My commission expires this _____ day of _____, 19____.

NOTARIAL PUBLIC STATE OF TEXAS

My commission expires this _____ day of _____, 19____.

NOTARIAL PUBLIC STATE OF TEXAS

My commission expires this _____ day of _____, 19____.

NOTARIAL PUBLIC STATE OF TEXAS

My commission expires this _____ day of _____, 19____.

NOTARIAL PUBLIC STATE OF TEXAS

My commission expires this _____ day of _____, 19____.

NOTARIAL PUBLIC STATE OF TEXAS

My commission expires this _____ day of _____, 19____.

52 1140

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1140
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*William Sigel*2. DATE
OF
DEATH*2/5/52*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

*Md.**Bolton*

C. CITY OR TOWN

(If outside corporate limits, write RURAL, and give township)

Bolton

D. STREET ADDRESS (If rural, give location)

*534 S. 48th St.**5300*

B. FULL NAME OF HOSPITAL OR INSTITUTION

*Univ. Hosp.*Yrs.
Mos.
Days

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.*M**W**Widowed**Jan. 6 - 1882**70*

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

*Blacksmith**Internal En. Co.**Germany*

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

*John Sigel**(M)**Marie ?*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

*215-01-6535**Elise Pattibone**524 S. 48th St.*

18.

443X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) *H. P. U. D*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Uremia*

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from *4/31*, 19*52*, to *2/5*, 19*52* that I last saw the deceased alive on *2/4*, 19*52*, and that death occurred at *7:10* a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

[Signature]

M. D.

*Univ. Hospital**2/5/52*

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

*Burial**2/8/52**Oak Lawn Cem.**Eastern Ave. Rd.**Md.*

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*FEB 5 - 1952**[Signature]**[Signature]**Bolton 21*

VS 150

*501/3D**937 md.*

CERTIFICATE OF DEATH

<p>1. NAME OF DECEASED</p>		<p>2. SEX</p>	
<p>3. AGE</p>		<p>4. DATE OF BIRTH</p>	
<p>5. PLACE OF BIRTH</p>		<p>6. OCCUPATION</p>	
<p>7. CAUSE OF DEATH</p>		<p>8. PLACE OF DEATH</p>	
<p>9. TIME OF DEATH</p>		<p>10. SIGNATURE OF PHYSICIAN</p>	
<p>11. SIGNATURE OF REGISTRAR</p>		<p>12. SIGNATURE OF WITNESSES</p>	
<p>13. SIGNATURE OF DECEASED</p>		<p>14. SIGNATURE OF NEXT OF KIN</p>	
<p>15. SIGNATURE OF BURIAL OFFICER</p>		<p>16. SIGNATURE OF CHURCH OFFICER</p>	
<p>17. SIGNATURE OF MINISTER</p>		<p>18. SIGNATURE OF CLERGYMAN</p>	
<p>19. SIGNATURE OF CHAPLAIN</p>		<p>20. SIGNATURE OF RABBI</p>	
<p>21. SIGNATURE OF OTHER</p>		<p>22. SIGNATURE OF OTHER</p>	
<p>23. SIGNATURE OF OTHER</p>		<p>24. SIGNATURE OF OTHER</p>	
<p>25. SIGNATURE OF OTHER</p>		<p>26. SIGNATURE OF OTHER</p>	
<p>27. SIGNATURE OF OTHER</p>		<p>28. SIGNATURE OF OTHER</p>	
<p>29. SIGNATURE OF OTHER</p>		<p>30. SIGNATURE OF OTHER</p>	
<p>31. SIGNATURE OF OTHER</p>		<p>32. SIGNATURE OF OTHER</p>	
<p>33. SIGNATURE OF OTHER</p>		<p>34. SIGNATURE OF OTHER</p>	
<p>35. SIGNATURE OF OTHER</p>		<p>36. SIGNATURE OF OTHER</p>	
<p>37. SIGNATURE OF OTHER</p>		<p>38. SIGNATURE OF OTHER</p>	
<p>39. SIGNATURE OF OTHER</p>		<p>40. SIGNATURE OF OTHER</p>	
<p>41. SIGNATURE OF OTHER</p>		<p>42. SIGNATURE OF OTHER</p>	
<p>43. SIGNATURE OF OTHER</p>		<p>44. SIGNATURE OF OTHER</p>	
<p>45. SIGNATURE OF OTHER</p>		<p>46. SIGNATURE OF OTHER</p>	
<p>47. SIGNATURE OF OTHER</p>		<p>48. SIGNATURE OF OTHER</p>	
<p>49. SIGNATURE OF OTHER</p>		<p>50. SIGNATURE OF OTHER</p>	
<p>51. SIGNATURE OF OTHER</p>		<p>52. SIGNATURE OF OTHER</p>	
<p>53. SIGNATURE OF OTHER</p>		<p>54. SIGNATURE OF OTHER</p>	
<p>55. SIGNATURE OF OTHER</p>		<p>56. SIGNATURE OF OTHER</p>	
<p>57. SIGNATURE OF OTHER</p>		<p>58. SIGNATURE OF OTHER</p>	
<p>59. SIGNATURE OF OTHER</p>		<p>60. SIGNATURE OF OTHER</p>	
<p>61. SIGNATURE OF OTHER</p>		<p>62. SIGNATURE OF OTHER</p>	
<p>63. SIGNATURE OF OTHER</p>		<p>64. SIGNATURE OF OTHER</p>	
<p>65. SIGNATURE OF OTHER</p>		<p>66. SIGNATURE OF OTHER</p>	
<p>67. SIGNATURE OF OTHER</p>		<p>68. SIGNATURE OF OTHER</p>	
<p>69. SIGNATURE OF OTHER</p>		<p>70. SIGNATURE OF OTHER</p>	
<p>71. SIGNATURE OF OTHER</p>		<p>72. SIGNATURE OF OTHER</p>	
<p>73. SIGNATURE OF OTHER</p>		<p>74. SIGNATURE OF OTHER</p>	
<p>75. SIGNATURE OF OTHER</p>		<p>76. SIGNATURE OF OTHER</p>	
<p>77. SIGNATURE OF OTHER</p>		<p>78. SIGNATURE OF OTHER</p>	
<p>79. SIGNATURE OF OTHER</p>		<p>80. SIGNATURE OF OTHER</p>	
<p>81. SIGNATURE OF OTHER</p>		<p>82. SIGNATURE OF OTHER</p>	
<p>83. SIGNATURE OF OTHER</p>		<p>84. SIGNATURE OF OTHER</p>	
<p>85. SIGNATURE OF OTHER</p>		<p>86. SIGNATURE OF OTHER</p>	
<p>87. SIGNATURE OF OTHER</p>		<p>88. SIGNATURE OF OTHER</p>	
<p>89. SIGNATURE OF OTHER</p>		<p>90. SIGNATURE OF OTHER</p>	
<p>91. SIGNATURE OF OTHER</p>		<p>92. SIGNATURE OF OTHER</p>	
<p>93. SIGNATURE OF OTHER</p>		<p>94. SIGNATURE OF OTHER</p>	
<p>95. SIGNATURE OF OTHER</p>		<p>96. SIGNATURE OF OTHER</p>	
<p>97. SIGNATURE OF OTHER</p>		<p>98. SIGNATURE OF OTHER</p>	
<p>99. SIGNATURE OF OTHER</p>		<p>100. SIGNATURE OF OTHER</p>	

52 1141

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1141

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John A Knighton

2. DATE
OF
DEATH

2/3/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

37 MERCY HOSP

Yrs.
Mos.
Days

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1509 N
707 ROSE ST

c. Length of stay in Baltimore

Life

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

9/22/90

9. AGE (in years,
last birthday)

61

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

PAINTER

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MD

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

JOHN A KNIGHTON

14. MOTHER'S MAIDEN NAME

VIOLET ST. JOHN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

Unknown

16. SOCIAL
SECURITY NO.

Unknown

17. INFORMANT

ADDRESS

HOSP RECORDS

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH(A) CARCINOMA OF LIVER(?) UNKNOWN
DUE TO WITH METASTASES

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/2, 1952 to 2/3, 1952 that I last saw the
deceased alive on 2/3, 1952 and that death occurred at 9:25 m., from the causes and on the date stated above.

23A. SIGNATURE

C. R. DeLuna

23B. ADDRESS

M. D. Mercy Hosp

23C. DATE SIGNED

2/3/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

Feb. 7, 1952

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Therese M. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

4611 Park Heights Ave.

VS 150

56424

46F

1917

RECEIVED

NOV 15 1917

1917

Dear Sir,
I have the honor to acknowledge the receipt of your letter of the 14th inst. in relation to the matter of the above named case.

It is the policy of this office to handle all such matters as promptly as possible, and it is with a view to this end that the same are being given the most careful consideration.

Very truly,
Yours,
[Signature]

Very truly,
Yours,
[Signature]

STATE OF NEW YORK
CERTIFICATE OF DEATH

Name of Deceased		Date of Death	
Place of Birth		Date of Birth	
Sex		Race	
Marital Status		Cause of Death	
Occupation		Place of Death	
Signature of Physician		Signature of Registrar	
Signature of Coroner		Signature of Medical Examiner	
Signature of Burial Officer		Signature of Cemetery Officer	
Signature of Funeral Home		Signature of Undertaker	
Signature of Family		Signature of Friends	
Signature of Church		Signature of Community	
Signature of State		Signature of Nation	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE CORRECTED 3-5-52
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1143
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ida E. Mitchell

2. DATE
OF
DEATH

1-22-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Baltimore City Hospitals
4940 Eastern Ave.

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

26-12

7. STREET ADDRESS (If rural, give location)

4940 Eastern Ave., Baltimore City Hospitals

8. Length of stay in Baltimore

84 yrs.

Yrs.
Mos.
Days

9. SEX

F

10. COLOR OR RACE

White

11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

12. DATE OF BIRTH

Nov. 29-1856

13. AGE (In years last birthday)

95

14. If Under 1 Year Months Days

15. If Under 24 Hours Hours Min.

16A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

16B. KIND OF BUSINESS OR INDUSTRY

17. BIRTHPLACE (State or foreign country)

Gloucester County, Virginia

18. CITIZEN OF WHAT COUNTRY?

19. FATHER'S NAME

John W. Coleman

19. MOTHER'S MAIDEN NAME

Harriet Tomblinson

20. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

21. SOCIAL SECURITY NO.

22. INFORMANT Baltimore City Hospitals
Records: 4940 Eastern Ave.

23.

24. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

25. CAUSE OF DEATH

(A) Arteriosclerotic cardiovascular disease with Congestive failure

26. INTERVAL BETWEEN ONSET AND DEATH

over 1 yr.

27. ANTECEDENT CAUSES

28. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
(C)

29. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Embolus to left popliteal artery

6 wks.

30A. DATE OF OPERATION

30B. MAJOR FINDINGS OF OPERATION

31. AUTOPSY?

YES ☐ NO ☒

32A. ACCIDENT WAS UNDER- LYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

32B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

32C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

33D. TIME (Month) (Day) (Year) (Hour) OF INJURY

33E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

33F. HOW DID INJURY OCCUR?

34. I hereby certify that I attended the deceased from 6-14-1930 to 1-23-1952, that I last saw the deceased alive on 1-23-1952, and that death occurred at 5.30 AM, from the causes and on the date stated above.

35A. SIGNATURE

[Signature]

M. D.

35B. ADDRESS

4940 Eastern Ave., Baltimore, Md.

35C. DATE SIGNED

2-5-1952

36A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

36B. DATE

2/6/52

36C. NAME OF CEMETERY OR CREMATORY

Sacred Heart

36D. LOCATION (City, town, or county)

BALTO. Co.

(State)

37. DATE RECEIVED BY LOCAL REGISTRAR

37. REGISTRAR'S SIGNATURE

38. FUNERAL DIRECTOR

ADDRESS

FEB 6 - 1952

[Signature] 1318 Light St.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ALBERTA HUFF

2. DATE
OF
DEATH

2/4/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

MD

B. COUNTY

#13

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

ST Agnes Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 8-01

D. STREET ADDRESS (if rural, give location)

2412 KENTUCKY AVE

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

2/29/1876

9. AGE (in years
last birthday)

75

10. Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

New Jersey

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

CHARLES W. HUFF

14. MOTHER'S MAIDEN NAME

Rhyma Bensley

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

EDWARD V. DAUBNER, 2412 KENTUCKY AVE

18.

154X I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH(A) Adeno carcinoma of Rectum
DUE TO Multiple metastases to
(B) Jejunum, Caecum, Peritoneum
DUE TO
(C) Lung

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/21, 1952, to 2/4, 1952, that I last saw the
deceased alive on 2/4, 1952, and that death occurred at 4:45 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

REMOVAL

2/6/52

Evergreen Cemetery

Elizabeth, New Jersey

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

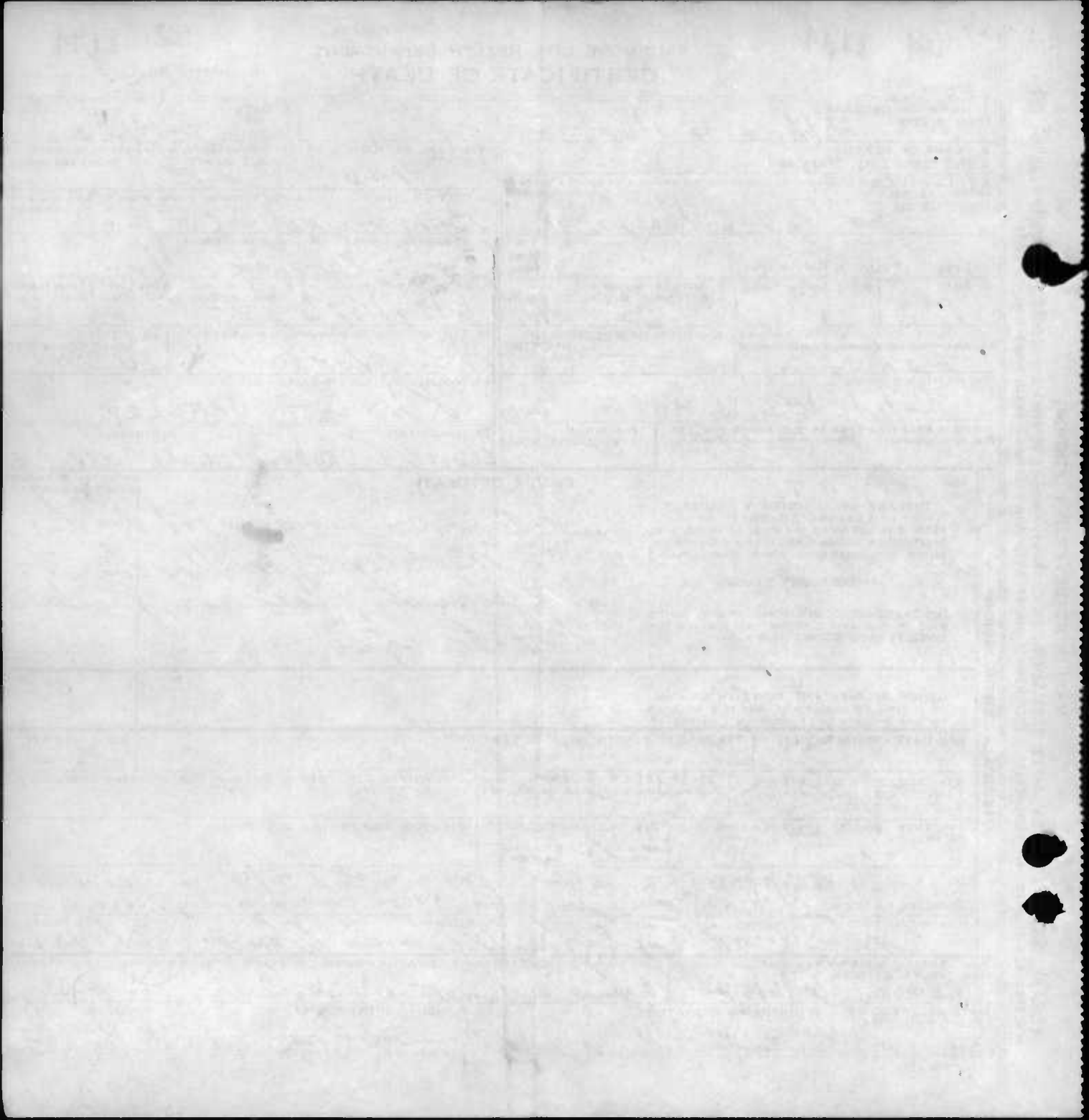
25. FUNERAL DIRECTOR

ADDRESS

FEB 6 - 1952

Huntington Williams, M.D.

Jm. Cook, Inc., 1217 St. Paul St.



52 1145

DAVIS
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1145

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*Annie Davis*2. DATE
OF
DEATH*February 4, 1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION*JOHNS HOPKINS HOSPITAL*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 6-02

D. STREET ADDRESS (If rural, give location)

409 N. Belmond Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years, last birthday) Months Days Hours Min.

*Female White**Married**8-22-87**64*

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

*Housewife**Own home*

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Frank L. Imhoff

14. MOTHER'S MAIDEN NAME

Stelia Schnapp

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT *JOHNS HOPKINS HOSPITAL* ADDRESS18. *420.0*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) *Arteriosclerotic heart disease**unknown*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from *7-14*, 1952 to *2-4*, 1952 that I last saw the deceased alive on *2-4*, 1952, and that death occurred at *7:55* p. m., from the causes and on the date stated above.

23A. SIGNATURE

John Collins Thorey

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

2/24/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY or CREMATORY

24D. LOCATION (City, town, or county)

(State)

*Burial**2/7/52**St. Ann Cathedral**Baltimore, Maryland*

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*FEB 6 - 1952**Huntington Williams, M.D.**St. M. Cook, Inc., 1217 E. Paul St.*

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.

1. Name of the plant or animal: *...*

2. Locality: *...*

3. Date of collection: *...*

4. Collector: *...*

5. Description: *...*

6. Remarks: *...*

7. Distribution: *...*

8. Uses: *...*

9. Other: *...*

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

K-350521146

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

521146Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) OSCAR KADAN	
2. DATE OF DEATH 2-5-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. md.	
B. FULL NAME OF HOSPITAL OR INSTITUTION Univ. Hosp.	
C. Length of stay in Baltimore Yrs. Mos. Days	
5. SEX M	6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	
8. DATE OF BIRTH Nov. 19, 1898	
9. AGE (In years last birthday) 53	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) R.R. FOREMAN - CAR REPAIRS - WESTERN MD. R.R.	
10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Md.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME James Arthur KADAN	
14. MOTHER'S MAIDEN NAME Mary Zima	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) YES	
16. SOCIAL SECURITY NO. W.W.I	
17. INFORMANT Wife	
ADDRESS	
18. 193X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) glioma of Brain DUE TO (B) DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH	
19. DATE OF OPERATION 0	
19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12-20-1951, to 2-5-1952, that I last saw the deceased alive on 2-5-1952, and that death occurred at 5:00 a.m., from the causes and on the date stated above.	
23A. SIGNATURE B. Watson	
23B. ADDRESS Univ. Hosp.	
23C. DATE SIGNED 2-5-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24B. DATE 2/8/52	
24C. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	
24D. LOCATION (City, town, or county) (State) Woodlawn, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR FEB 6 - 1952	
REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR Wm. Cook, Inc.	
ADDRESS 1217 St. Paul St.	
VS 150	
523 50	
54a	

STATE OF NEW YORK
CERTIFICATE OF DEATH

1. Name of Deceased: [illegible]
2. Sex: [illegible]
3. Age: [illegible]
4. Date of Birth: [illegible]
5. Place of Birth: [illegible]
6. Date of Death: [illegible]
7. Place of Death: [illegible]
8. Cause of Death: [illegible]
9. Medical Attendant: [illegible]
10. Burial Place: [illegible]

11. Signature of Medical Attendant: [illegible]
12. Signature of Registrar: [illegible]
13. Date: [illegible]

14. Signature of Deceased: [illegible]
15. Signature of Next of Kin: [illegible]
16. Signature of Minister of the Gospel: [illegible]

17. Signature of Registrar: [illegible]
18. Date: [illegible]
19. Signature of Deceased: [illegible]
20. Signature of Next of Kin: [illegible]
21. Signature of Minister of the Gospel: [illegible]

52 1147

DAUGHTRY
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 1147

BIRTH NO.

1. NAME OF DECEASED (Print or Print) <i>Olivia Virginia Daughtry</i>		2. DATE OF DEATH <i>February 2, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Ed. 1st St 3E</i>		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>md.</i> C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 8-07</i> D. STREET ADDRESS (If rural, give location) <i>1616 E. Preston</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			
c. Length of stay in Baltimore Yrs. Mos. Days			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>8-28-42</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) <i>9</i>
11. BIRTHPLACE (State or foreign country) <i>Baltimore md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>md.</i>	
13. FATHER'S NAME <i>McKinley Daughtry</i>		14. MOTHER'S MAIDEN NAME <i>Jones</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
		17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>	
		ADDRESS	

18. <i>475X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>? Encephalitis.</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH <i>7 days</i>	
ANTECEDENT CAUSES		(A) DUE TO <i>Cerebral edema</i> <i>Upper respiratory infection</i>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO			
		(C) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		<i>Fatty infiltration, liver</i> <i>Rugal necrosis, rectum</i>			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>2-2</i> , 1952 to <i>2-2</i> , 1952, that I last saw the deceased alive on <i>2-2</i> , 1952 and that death occurred at <i>4:30 P.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Arnold Scott</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>2-3-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>2/6/1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Arbutus Men. Park</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore md.</i>		25. FUNERAL DIRECTOR <i>VPandolph J. Collick</i>		ADDRESS <i>1412 E. Preston St.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 6 - 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>			

See Document File 52-1147
2/18/52 ES

52 1148

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1148

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

META MINNA WILHELMENA KRUGER

2. DATE
OF
DEATH

Feb. 5, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

4204 Mary Avenue

Yrs.
Mos.
Days

c. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4204 Mary Avenue

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Feb. 12, 1864

9. AGE (In years,
last birthday)

87

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

Germany

13. FATHER'S NAME

Frederick Kruger

14. MOTHER'S MAIDEN NAME

Catherine Bauchardt

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

Mrs. Meta Wright, 4204 Mary Avenue,
Baltimore, Md.

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1951, to Feb 5, 1952, that I last saw the
deceased alive on Feb 4, 1952, and that death occurred at 2 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Max R. English

M. D.

23B. ADDRESS

5713 Belair Rd

23C. DATE SIGNED

2-5-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Cremation

24B. DATE

Feb. 7, 1952

24C. NAME OF CEMETERY OR CREMATORY

Greenmount Crematory

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 6 - 1952

REGISTRAR'S SIGNATURE

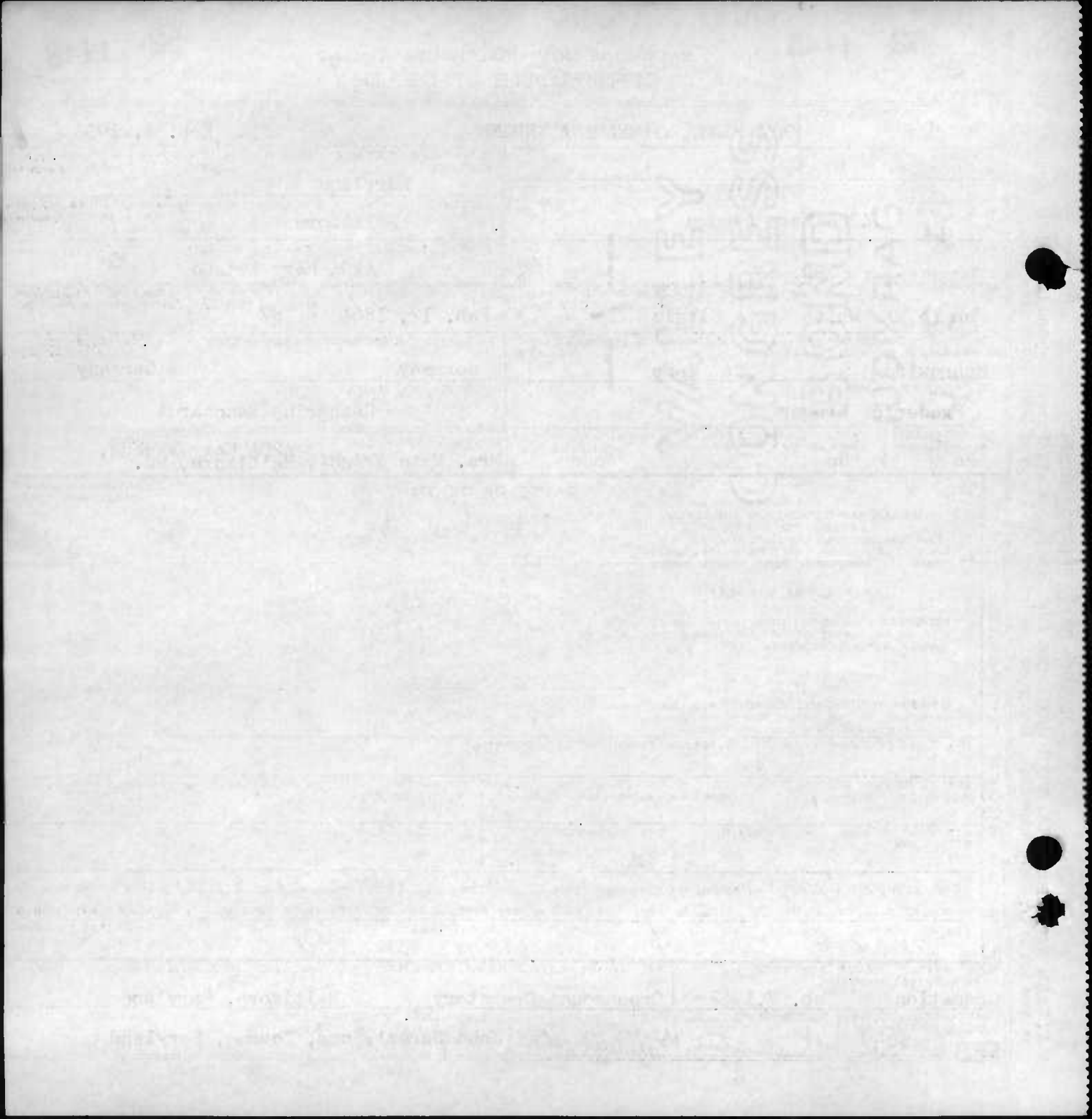
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John Burns' Sons

ADDRESS

Towson, Maryland



T-1056

52 1149

TURNER
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1149
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Walter Turner</i>		2. DATE OF DEATH <i>Feb 1 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mercy Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 11-04</i>			
C. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>932 Madison Ave.</i>			
5. SEX <i>M</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>1/10/1893</i>	9. AGE (In years last birthday) <i>59</i>	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Machine Operator</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Harb. Bldg.</i>		11. BIRTHPLACE (State or foreign country) <i>Balto.</i>	
13. FATHER'S NAME <i>Walter Turner</i>		14. MOTHER'S MAIDEN NAME <i>Mary Turner</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	

18. <i>593 X and 228 X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH <i>Gremia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>4-6 weeks</i>	
ANTECEDENT CAUSES		(A) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO		<i>Nephritis + Hypertension 4-5 yrs.</i>	
(C)					
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION <i>Jan 20</i>		19B. MAJOR FINDINGS OF OPERATION <i>Renovascular</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (i.e., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Oct 30</i> , 1951, to <i>Feb 1</i> , 1952, that I last saw the deceased alive on <i>Feb 1</i> , 1952, and that death occurred at <i>7:45</i> a.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Frank T. Kerk</i>		23B. ADDRESS <i>Mercy Hosp</i>		23C. DATE SIGNED <i>Feb 1 1952</i>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Feb 8/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Balto National Cemetery Balto Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 6 - 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Wilkins</i>		25. FUNERAL DIRECTOR ADDRESS <i>Brooks, Ruggold 1463 N. Carey 131a St</i>	

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1948

1948

STATE OF NEW YORK

CERTIFICATE OF DEATH

1948

1948



52 1150

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1150

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MAX GORIN

2. DATE
OF
DEATH

2-6-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

2654 Park Heights Terrace Baltimore 15-13

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give
township)

D. STREET ADDRESS (If rural, give location)

2654 Park Heights Terrace

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9. AGE (In years
last birthday)

68

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work during most of working life, even if retired)

Tailor

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russian

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

David

1200 (N)

14. MOTHER'S MAIDEN NAME

Esther

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Katie Gorin -

ADDRESS

Same

18.

420.1.1
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Acute Coronary Thrombosis

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

1 hr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 5, 1949 to Feb 6, 1952, that I last saw the
deceased alive on Feb 6, 1952, and that death occurred at 6 AM, from the causes and on the date stated above.

23A. SIGNATURE

Richard Kolman

23B. ADDRESS

3700 Park Heights Ave

23C. DATE SIGNED

Feb 6 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2-7-52

24C. NAME OF CEMETERY OR CREMATORY

Hebrew Young Men

24D. LOCATION (City, town, or county)

Balto, Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. P. Kelly

ADDRESS

2100 Centaur Pl

EB 6-1952

VS 150

5986E

94a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

3700 Paul Hqts

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S-1 62

52 1151

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1151

Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print) FRANCES SAPPERSTEIN			2. DATE OF DEATH 2-5-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland 3706 Kortona Rd			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY					
5. FULL NAME OF HOSPITAL OR INSTITUTION 60 The Mount			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore 15-05			D. STREET ADDRESS (If rural, give location) 2021 Anoka Ave		
c. Length of stay in Baltimore 39 Yrs. Mos. Days			8. DATE OF BIRTH			9. AGE (in years last birthday) 68		
5. SEX Female			6. COLOR OR RACE white			7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife			10B. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Poland		
13. FATHER'S NAME Zelick			14. MOTHER'S MAIDEN NAME Anna			12. CITIZEN OF WHAT COUNTRY? <input checked="" type="checkbox"/>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS David Sapperstein - same		
18. 492X			CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			(A) acute cerebral dilatation			1 dy		
ANTECEDENT CAUSES			(B) chronic pneumonia			1 wk		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			cerebral hemorrhage					
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 1/30 , 19 52 , to 2/5 , 19 52 , that I last saw the deceased alive on 2/5 , 19 52 and that death occurred at 7:00 p. m., from the causes and on the date stated above.								
23A. SIGNATURE S. C. Feldman			M. D.			23B. ADDRESS 1440 C. Balt.		
24A. BURIAL, CREMATION, REMOVAL (Specify) burial			24B. DATE 2-6-52			24C. NAME OF CEMETERY OR CREMATORY Shaare Tefloah		
24D. LOCATION (City, town, or county) (State) Balto Md			25. FUNERAL DIRECTOR Jack Lewin			ADDRESS 2100 Eutan Pl		
DATE RECEIVED BY LOCAL REGISTRAR FEB 6 - 1952			REGISTRAR'S SIGNATURE Huntington Williams M.D.					

Feldman

52 1152

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1152
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Lawrence W. Roper*2. DATE
OF
DEATH*2/5/52*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION*1104 Sargeant St.*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 21-02

D. STREET ADDRESS (If rural, give location)

1104 Sargeant St.

C. Length of stay in Baltimore

45

5. SEX

Male

6. COLOR OR RACE

*white*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*Widowed*

8. DATE OF BIRTH

*10/20/1876*9. AGE (In years
last birthday)*75*10. Under 1 Year
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Painter*10B. KIND OF BUSINESS OR
INDUSTRY*Self*

11. BIRTHPLACE (State or foreign country)

*West Va.*12. CITIZEN OF
WHAT COUNTRY?*USA*

13. FATHER'S NAME

Washington A. Roper

14. MOTHER'S MAIDEN NAME

*Katherine E. Hedges*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)*-*16. SOCIAL
SECURITY NO.*-*

17. INFORMANT

*Chester A. Roper Sargeant*18. *422.1*
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

Cerebral Thrombosis

DUE TO

(B)

Interosseal P.V.D

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.INTERVAL BETWEEN
ONSET AND DEATH*2 months**3 years*II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Nov 1951* to *Feb 5, 1952* that I last saw the
deceased alive on *Feb 3, 1952* and that death occurred at *3A* m., from the causes and on the date stated above.

23A. SIGNATURE

Paul Schuler

M. D.

23B. ADDRESS

1911 Avenue 19

23C. DATE SIGNED

*2/5/52*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)*Burial*

24B. DATE

2/8/52

24C. NAME OF CEMETERY OR CREMATORY

Cedar Bluff Cem.

24D. LOCATION (City, town, or county)

Quincy Ind.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR*FEB 6 - 1952*

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

FUNERAL DIRECTOR

John F. Brown & Son

ADDRESS

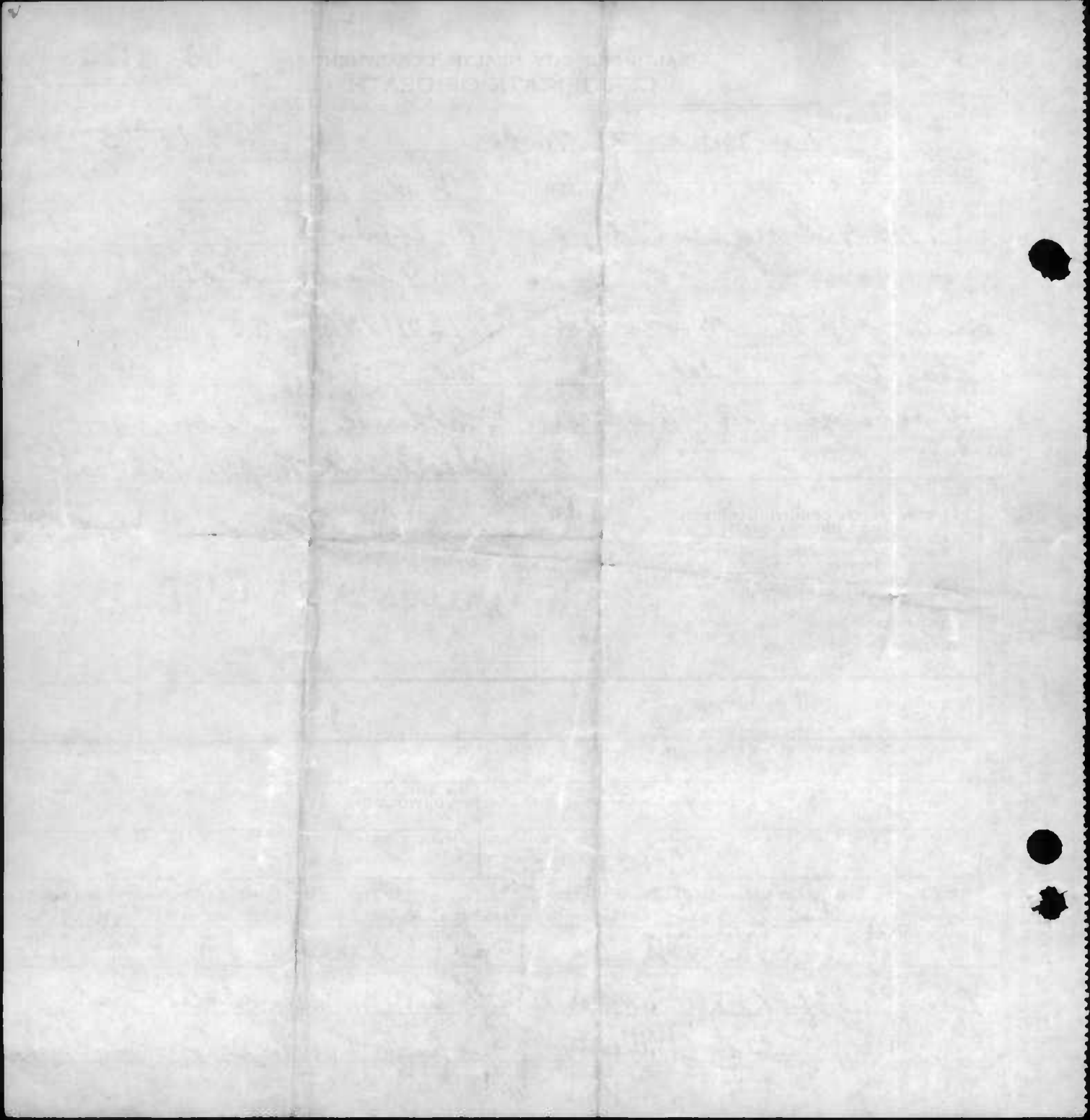
2014 St.

VS 150

937

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



52 1153

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1153

Registered No.

BIRTH NO. G-614251. NAME OF DECEASED
(Type or Print)Lonnie Walker2. DATE
OF
DEATHFeb. 4, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Red. H. L. 34

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.B. FULL NAME OF
HOSPITAL OR
INSTITUTIONJOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 22-02

D. STREET ADDRESS (If rural, give location)

517 W. Lee St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)Child10B. KIND OF BUSINESS OR
INDUSTRYChild

11. BIRTHPLACE (State or foreign country)

Balti City12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Elegant Walker

14. MOTHER'S MAIDEN NAME

Josephine Dalk15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL18. 490X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Meningitis of unknown etiology2-1-52-7452

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Sepsis

(C) DUE TO

Left lower lobe Pneumonia.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-3-, 1952 to 2-4-, 1952 that I last saw the
deceased alive on 2-4-, 1952 and that death occurred at 8:15 m., from the causes and on the date stated above.

23A. SIGNATURE

Will Scott

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

2-4-5224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial2/9/52Mt Auburn CtBalti CityDATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

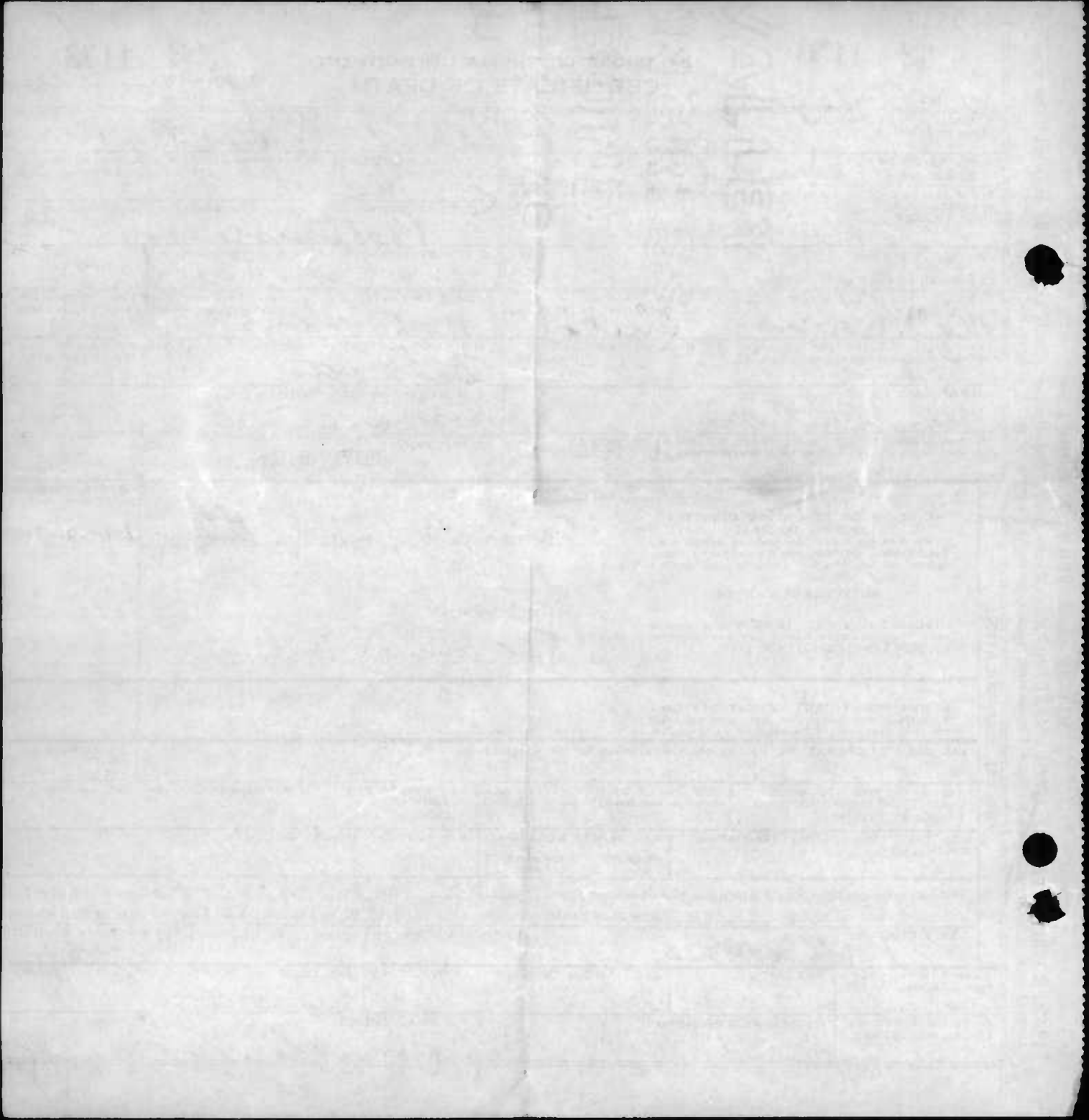
25. FUNERAL DIRECTOR

ADDRESS

FEB 6 - 1952Huntington Williams, M.D.J. L. Brown & Son Montgomery St

VS 150

108



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Joseph Carrow (Carroll)

2. DATE
OF
DEATH

2-2-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

B. COUNTY

1003 Brusoe St Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

City Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

21-01

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Col

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

June 3

9. AGE (In years
last birthday)

67

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Below

10B. KIND OF BUSINESS OR
INDUSTRY

See

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James Carroll

14. MOTHER'S MAIDEN NAME

Emma Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

214-01-28694

17. INFORMANT

ADDRESS

Thelma Carroll

18.

580 X I

CAUSE OF DEATH

1003 Brusoe St

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William W. Brown

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

2-3-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/6/52

24C. NAME OF CEMETERY OR CREMATORY

Mt Auburn

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Isaac L. Brown Son 125B

VS 151

97099 108W Montg omery St

9-10. 23m Start

Can J - Stone

2679
1003
28

MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

52 1155

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1155
Registered No.

BIRTH NO.			2. DATE OF DEATH January 31, 1952		
1. NAME OF DECEASED (Type or Print) HATTIE TURNER			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY 22-01		
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE University Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 30 yrs			D. STREET ADDRESS (If rural, give location) 701 South Sharp Street		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH	9. AGE (In years last birthday) 56	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Robert Nichols			14. MOTHER'S MAIDEN NAME Fannie Blow		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Janie Hastings-212 W. Henrietta St.		

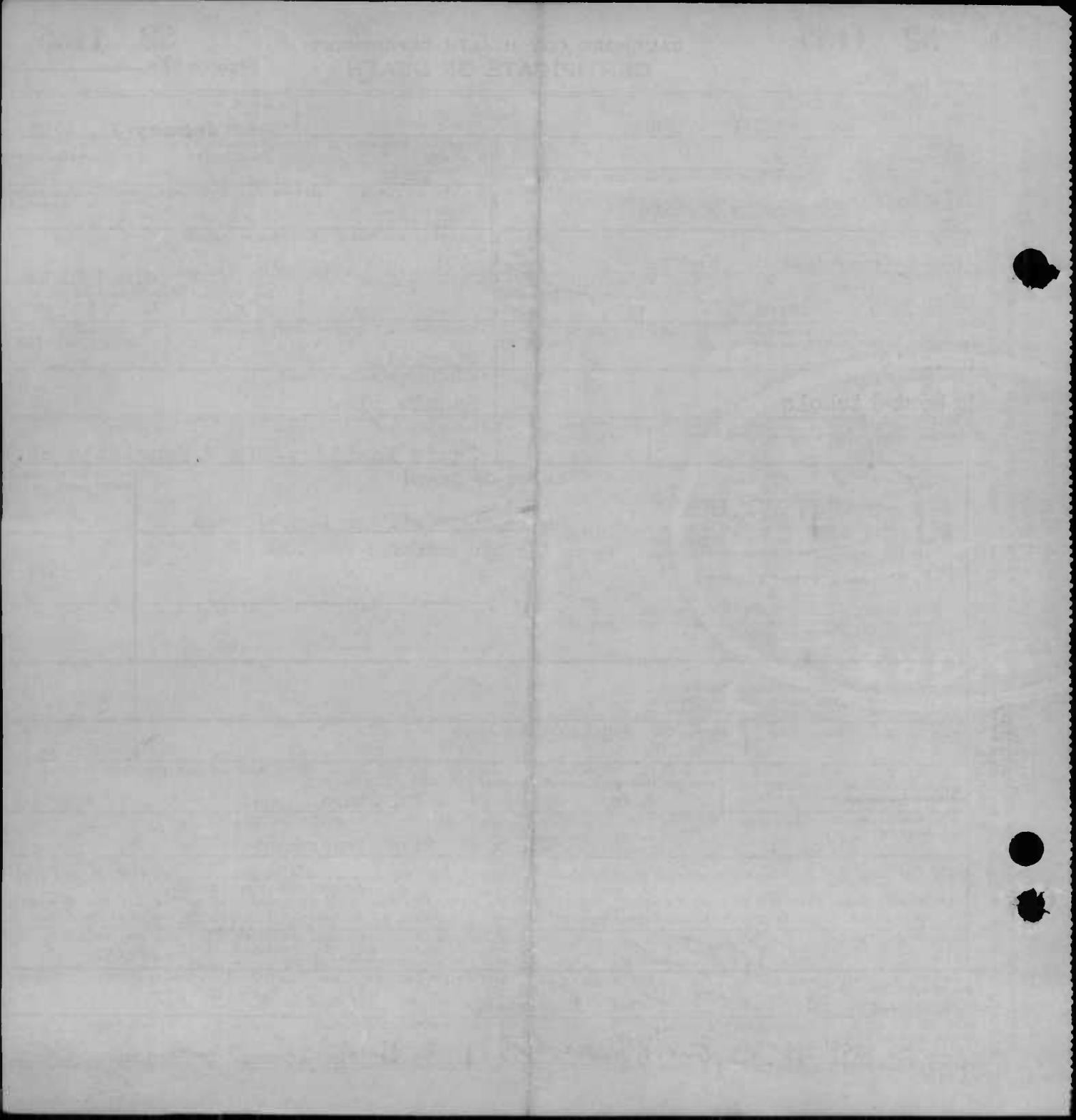
18. E983 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Bronchopneumonia and lung abscess DUE TO Chronic subdural hematoma			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 701 Sharp Street	
21D. TIME (Month) (Day) (Year) (Hour) 11/24/51 ? m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Blunt Instrument	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input checked="" type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. F. Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> M.D.		23C. DATE SIGNED 2/1/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/4/52		24C. NAME OF CEMETERY OR CREMATORY Mt Auburn Ct	
24D. LOCATION (City, town, or county) Baltimore City		24E. FUNERAL DIRECTOR 104 W		24F. ADDRESS Huntington Williams, M.D. 104 W. 10th & W. Montgomery St	
DATE RECEIVED BY LOCAL REGISTRAR FEB 6 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS 104 W. 10th & W. Montgomery St	

V S 151

N-854.9

7208A

167



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

52 1156

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1156

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) **MR. HUGH BOOZER**2. DATE
OF
DEATH **2/5/52**3. PLACE OF DEATH:
A. Baltimore City, Maryland **BALTIMORE, MD.**4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **BALTO.** B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTO. 14, MD. 27-05**BON SECOURS HOSPITAL**

D. STREET ADDRESS (If rural, give location)

3020 CHRISTOPHER AVE.

c. Length of stay in Baltimore

70 Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

WIDOWER

8. DATE OF BIRTH

3/25/71

9. AGE (in years last birthday)

8010 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RETIRED

10B. KIND OF BUSINESS OR INDUSTRY

NONE

11. BIRTHPLACE (State or foreign country)

INDIANA

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

JAMES BOOZER

14. MOTHER'S MAIDEN NAME

MARCELLA BARNETT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18.

610X**160-**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) **UREMIA**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **PROSTATIC HYPERTROPHY**

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23A. SIGNATURE

Juan Mendez

M. D.

23B. ADDRESS

2025 W. Fayette

23C. DATE SIGNED

2-5-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL**FEB 7.52****PARKWOOD****BALTO. 17d.**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 6 - 1952**Huntington Williams, M.D.****PAUL A. HEEMANN**

VS 150

1952 0001155 6067 HARFORD Rd.

137a

10/10/50

RECEIVED

NOV 10 1950

TO

FROM

RE

BY

10

10/10/50

10/10/50

10/10/50

10/10/50

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10/10/50

10/10/50

10/10/50

10/10/50

F-400

52 1157

NORA FOLEY
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1157
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Nora Foley

2. DATE
OF
DEATH

Feb 5 - 1962

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1200 Valley St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 10-01

D. STREET ADDRESS (If rural, give location)

1200 Valley St

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

1873

9. AGE (In years
last birthday)

79

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Ireland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Thomas Conner

14. MOTHER'S MAIDEN NAME

Bridget Mc Donough

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Little Sisters 21th Pk

18.

154X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Carcinoma of Rectum

INTERVAL BETWEEN
ONSET AND DEATH

1 yr -

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Metastasis in Liver

2 months

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 2 - , 1962 to Feb 5, 1962 that I last saw the
deceased alive on Feb 4 - , 1962, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

E. Gill Hall MD

23B. ADDRESS

1631 E. North Ave

23C. DATE SIGNED

Feb 5 - 1962

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb 7, 1962

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county)

Baltimore

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams MD

25. FUNERAL DIRECTOR

ADDRESS

Rd 1 Woodfield 9006. Biddle St

August 13, 1907

52 1158

52 1158

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Burrette, Sally

2. DATE
OF
DEATH

2/5/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
location)HOSPITAL OR
INSTITUTION

38 University Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE 17-02

D. STREET ADDRESS (If rural, give location)

637 Dolphin St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

9/2/06

9. AGE (In years
last birthday)

45

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTH PLACE (State or foreign country)

Va.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Lord Roane

14. MOTHER'S MAIDEN NAME

Laura Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

ADDRESS

Mary Short 637 Dolphin St

18.

401.1 I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Acute Bacterial Endocarditis

INTERVAL BETWEEN
ONSET AND DEATH

4 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Rheumatic Heart Disease

DUE TO

(C) Hypertension

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Hypothymia, Pulmonary Congestion

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., In or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/30-32, 1952, to 2/5/52, 1952, that I last saw the
deceased alive on 2/5/52, and that death occurred at 2:50 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

2/7/52

Oldham

Oldham, Va.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 6 - 1952

Huntington Williams, M. D. L. Nelson 1303

VS 150

7208A

Cresstman St 95B

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 1159
264

52 1159

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Gertrude Cockrell

2. DATE
OF
DEATH

Feb. 5, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTE

518 Baker St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.

D. STREET ADDRESS (If rural, give location)

518 Baker St.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

10/10/89

9. AGE (In years last birthday)

62

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

H. Wife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Columbus Washington

14. MOTHER'S MAIDEN NAME

Winnie Waters

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT

ADDRESS

Sophronia Campbell 518 Baker St.

18.

422.1 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ ND ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 22, 1951, to Feb 5-52, 1952, that I last saw the deceased alive on 2-4-1952, and that death occurred at 8:45 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Wm R Boykin

M. D.

23B. ADDRESS

1133 N Monroe

23C. DATE SIGNED

2-6-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/8/52

24C. NAME OF CEMETERY OR CREMATORY

Mt Auburn

24D. LOCATION (City, town, or county)

Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Geo S G. Nelson 1303 Presstman St.

FEB 6 - 1952

VS 150

Geo S G. Nelson 93

RECEIVED
CENTRAL
JAN 25 1951

RECEIVED

JAN 25 1951

RECEIVED

JAN 25 1951

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JAN 25 1951

L-236
52 1160

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1160

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Louvinia Ayers Lester

2. DATE
OF
DEATH

2-4-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

500 W. Conway Street

C. CITY OR TOWN

(If outside corporate limits, write R.R. No. and give township)

D. STREET ADDRESS (If rural, give location)

500 W. Conway Street

c. Length of stay in Baltimore

high

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

August 16, 1890

9. AGE (In year last birthday)

61

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House wife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Allen William

14. MOTHER'S MAIDEN NAME

Mary Scott

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

John Lester - 500 W. Conway Street

18.

442x

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cardio Vascular Lesion

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Cerebral Hypertension

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER- LYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from Dec, 1951 to February 4, 1952, that I last saw the deceased alive on Feb 4, 1952, and that death occurred at 6 a. m., from the causes and on the date stated above.

23A. SIGNATURE

[Signature]

M. D.

23B. ADDRESS

600 N. Arlington Avenue

23C. DATE SIGNED

2-5-52

24A. BURIAL, CREMA- TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 6 - 1952

Funerary Home

Mrs. Katherine Williams

Schroeder St

VS 150

131a

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

[Faint, illegible handwritten text]

CHIEF OF BUREAU

[Faint, illegible handwritten text]

[Faint, illegible handwritten text]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1161

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

KENNARD, GERTRUDE

2. DATE
OF
DEATH

2/3/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

PROVIDENT

C. CITY OR TOWN (If outside corporate limits, write FULL NAME and give
township)

Baltimore

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2143 Druid Hill

5. SEX

F

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

6/20/97

9. AGE (in years
last birthday)

54

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Arthur Chase

14. MOTHER'S MAIDEN NAME

Mary ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

ERNEST KENNARD DRUID HILL AVE

18.

331X I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertension

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/20 1952 to 2/2 1952 that I last saw the
deceased alive on 2/1 1952 and that death occurred at 3 P m., from the causes and on the date stated above.

23A. SIGNATURE

John H. Holmes III

M. D.

23B. ADDRESS

927 N. Monroe

23C. DATE SIGNED

2/3/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Feb. 6, 1952

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem

24D. LOCATION (City, town, or county)

Balto.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

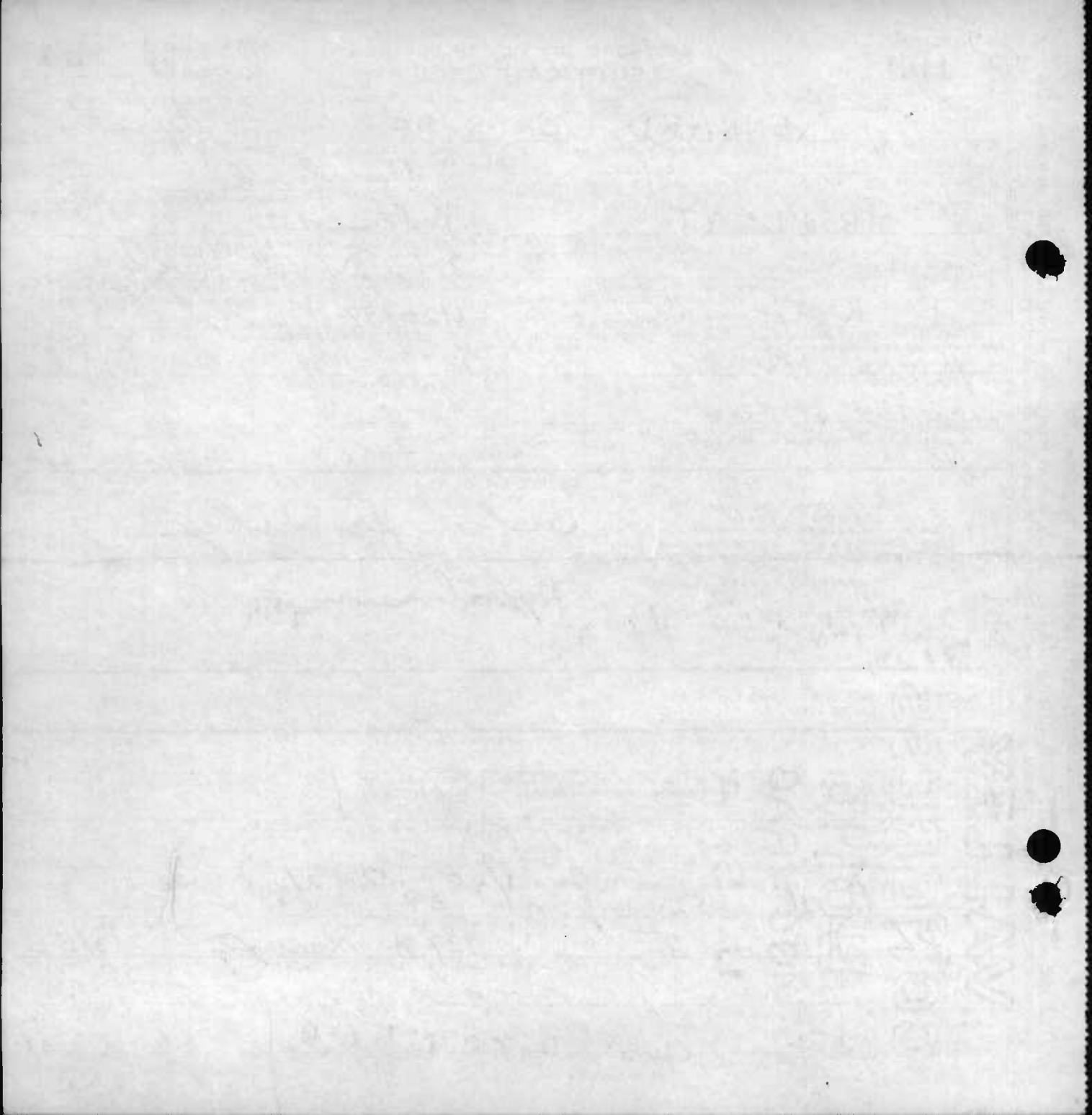
ADDRESS

FEB 6 - 1952
VS 150Huntington W.F. 20
Williams, M.D.

Mrs. Katie R. Williams

Schroeder St

83a



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 1162
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Anna R. Mason

2. DATE OF DEATH

Feb. 2, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE *Md.*

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

643 George St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.

17-01

C. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)
643 George St.

5. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan. 26, 1902

9. AGE (In years, last birthday)

50

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Lloyd Hazelton

14. MOTHER'S MAIDEN NAME

Loretta Cooper

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Alex. Mason 643 George St

18.

490X I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

Lobar Pneumonia

INTERVAL BETWEEN ONSET AND DEATH

1 week

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *1/31* 1952, to *2/2* 1952, that I last saw the deceased alive on *2/2* 1952, and that death occurred at *1:00* p. m., from the causes and on the date stated above.

23A. SIGNATURE

Reginald Huntington

23B. ADDRESS

424 N. Green St

23C. DATE SIGNED

2/6/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb 6, 1952

24C. NAME OF CEMETERY OR CREMATORY

Balto National

24D. LOCATION (City, town, or county) (State)

Balto Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

Mrs. Katie R. Williams

ADDRESS

327 N. Howard St

FEB 6 - 1952
VS 150

108

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

REPORT OF INVESTIGATION
OF THE
FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE
WASHINGTON, D. C. 20535

ADMINISTRATIVE PAGE

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 1163**

BIRTH NO. 250 52 1163		1. NAME OF DECEASED (Type or Print) LEE JACKSON		2. DATE OF DEATH February 4, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY 4-02		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals		D. STREET ADDRESS (If rural, give location) 727 W. Fayette St.		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) —	8. DATE OF BIRTH 1922	9. AGE (In years last birthday) 30	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Gen		11. BIRTHPLACE (State or foreign country) unknown.	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Jackson		14. MOTHER'S MAIDEN NAME unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT Dr. Russell Sellers	
18. E812.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Skull fracture Extradural hemorrhage Subdural hemorrhage Contusion of brain		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) street		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 800 W. Baltimore St.	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Jan. 27, 1952		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Hit by automobile (was pedestrian)	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William J. [Signature]		23B. CHIEF MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED Feb. 5, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/7/52		24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem.	
24D. LOCATION (City, town, or county) (State) West Port Balto., Md.		25. FUNERAL DIRECTOR Metropolitan Funeral Home Inc.		ADDRESS 1949 Edmondson Ave.	
DATE RECEIVED BY LOCAL REGISTRAR FEB 6 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		V S 151 N-803.2 97089 170C	

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1164

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Stanowski

2. DATE
OF
DEATH

Feb-4-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland *906 S. Potomac St.*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE *Maryland*

B. FULL NAME OF HOSPITAL OR INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

c. Length of stay in Baltimore

31 yrs.

D. STREET ADDRESS (If rural, give location)

906 S. Potomac St.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

4-26-1901

9. AGE (In years last birthday)

50

If Under 1 Year Months: Days

- -

If Under 24 Hours Hours: Min.

- -

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Sandblaster

10B. KIND OF BUSINESS OR INDUSTRY

Contracting work

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Andrew Stanowski

14. MOTHER'S MAIDEN NAME

Mary Pisza

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

Mrs Josephine R. Stanowski

18. *523.0 1*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cardiac Failure

DUE TO

(B)

Emaciation

DUE TO

(C)

Silicosis

(over)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT ☐ WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Jan. 20* 19*52*, to *Feb. 4* 19*52*, that I last saw the deceased alive on *Feb. 4* 19*52*, and that death occurred at *6:10 P.m.*, from the causes and on the date stated above.

23A. SIGNATURE

William J. Stanowski

M. D.

23B. ADDRESS

2711 Custer Ave.

23C. DATE SIGNED

2/5/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2-9-1952

24C. NAME OF CEMETERY OR CREMATORY

Holy Rosary

24D. LOCATION (City, town, or county) (State)

German Hill Rd. Md.

DATE RECEIVED BY LOCAL REGISTRAR

FEB 6 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. J. Rudzinski

ADDRESS

2829 Hudson St. City (34)

Not tuberculous, Diagnosis made by BCHD. X-Ray exam previous to his death

See Document file 52-1164

2/20/52 ES

measuring spine 286.0
not spine 713

M# 260
52 1165BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1165

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Bertha Meiser</i>		2. DATE OF DEATH <i>Feb 3 - 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. <i>Maryland Baltimore</i>			
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>1914 W. Baltimore St.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>20-01</i>			
C. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>1914 W. Baltimore St.</i>			
5. SEX <i>F</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>3-22-1871</i>	9. AGE (In years last birthday) <i>80</i>	10. Under 1 Year Months: <i>10</i> Days: <i>12</i> 11. Under 24 Hours Hours: <i>12</i> Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	
12. CITIZEN OF <i>U.S.A.</i>		13. FATHER'S NAME <i>Henry Sander</i>		14. MOTHER'S MAIDEN NAME <i>Anna Teichhauser</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>(If yes, give war or dates of service)</i>		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Canoll H. Meiser</i>	
18. <i>260 X 1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Diabetes mellitus</i>		CAUSE OF DEATH (A) <i>Diabetes mellitus</i> DUE TO (B) <i>Arteriosclerotic Cardio Vascular Disease</i> DUE TO (C) <i>Senility</i>		INTERVAL BETWEEN ONSET AND DEATH <i>?</i>	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>11/3</i> , 19 <i>51</i> , to <i>2/3</i> , 19 <i>52</i> that I last saw the deceased alive on <i>2/3</i> , 19 <i>52</i> , and that death occurred at <i>12 P</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Deane Langlin</i>		23B. ADDRESS <i>4508 Edmondson Village</i>		23C. DATE SIGNED <i>2/5/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Feb 7 - 1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Lorraine Cem.</i>	
24D. LOCATION (City, town, or county) <i>Woodlawn Md.</i>		24E. LOCAL REGISTRAR <i>Huntington Williams, M.D.</i>		24F. FUNERAL DIRECTOR <i>Fred A. Cole</i>	
24G. ADDRESS <i>1913 W. Baltimore St.</i>					

VS 150

1952000164

61

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

32 100

32 100

Handwritten text, possibly a name or title.

Handwritten text, possibly a name or title.

Handwritten text, possibly a name or title.

Handwritten text, possibly a name or title.

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Handwritten text, possibly a name or title.

32

3/3

32

11/3

11/3

32

3/3

32 100

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Handwritten text, possibly a name or title.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1166

BIRTH NO. 50-10561

1. NAME OF DECEASED (Type or Print) Jean M. Clark (Jean M. Clark) 2. DATE OF DEATH 2-5-52

3. PLACE OF DEATH: A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 42 Sinai Hospital C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 9-09

D. STREET ADDRESS (If rural, give location) 1823 Hope St. #2

C. Length of stay in Baltimore 19 Mos.

5. SEX Female 6. COLOR OR RACE white 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single 8. DATE OF BIRTH May 27th., 1950 9. AGE (In years last birthday) 1 10. Under 1 Year Months: 8 Days: 8 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William R. Clark 14. MOTHER'S MAIDEN NAME Margaret B. Hanneman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) 16. SOCIAL SECURITY NO. 17. INFORMANT Margaret Hanneman 1823 Hope St.

18. 75441 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) (A) Acute Pulmonary Edema DUE TO (B) Congenital Heart Disease DUE TO (C) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDER- LYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR?

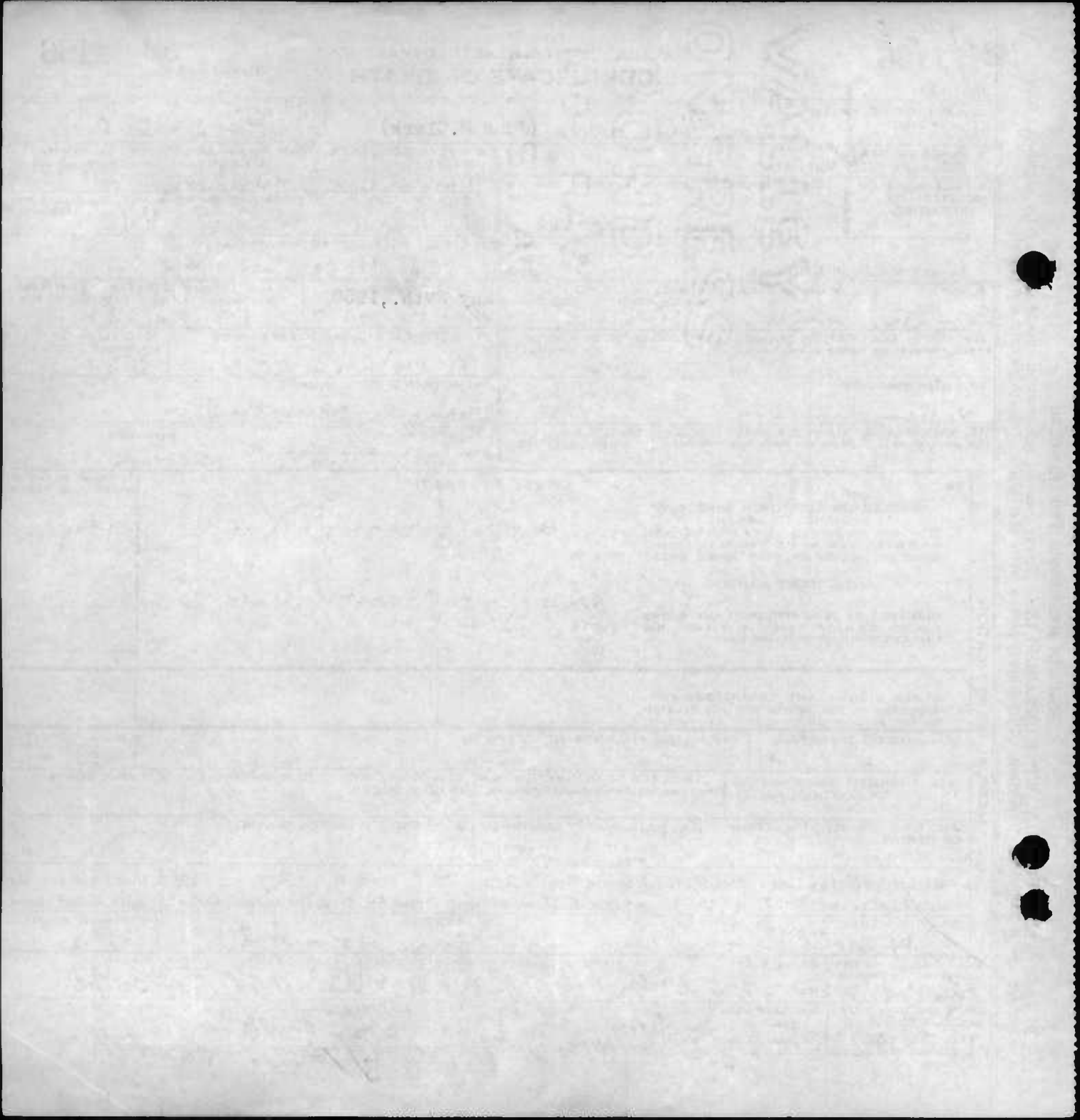
22. I hereby certify that I attended the deceased from 2-4, 1952, to 2-5, 1952, that I last saw the deceased alive on 2-5, 1952, and that death occurred at 6:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE Harold S. Farfel M. O. 23B. ADDRESS Sinai Hospital 23C. DATE SIGNED 2-5-52

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial 24B. DATE 2-9-52 24C. NAME OF CEMETERY OR CREMATORY Most Holy Redeemer 24D. LOCATION (City, town, or county) (State) Belair Rd., Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS George J. Ruth Inc. 1735 Harford Ave

FEB 6 - 1952 VS 150 1165 157E



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1167

BIRTH NO. 536 1167

1. NAME OF DECEASED
(Type or Print)

JOHN M. SCHNEIDER

2. DATE
OF
DEATH

February 4, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

109 Forest View Avenue

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

OCT 10 1878

9. AGE (In years
last birthday)

73

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

MACHINIST

10B. KIND OF BUSINESS OR
INDUSTRY

B+O MT CLAIR SHOP.

11. BIRTHPLACE (State or foreign country)

BALTIMORE

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

JACOB SCHNEIDER

14. MOTHER'S MAIDEN NAME

MARY EISNER.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

705-07-9382

17. INFORMANT

ADDRESS

THERESA M. SCHNEIDER 109 FOREST VIEW AVE.

18. E 812.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Fracture of skull

DUE TO Subdural hematoma

Contusions of brain

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING OR CONTRIB-
UTING CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

street

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

Mannington Ave. near Kolb Ave., Overlea

21D. TIME (Month) (Day) (Year) (Hour)

Feb. 4, 1952

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Struck by auto (hit & run); was pedes-

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. [Signature]

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

2/5/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

FEB. 8 1952

24C. NAME OF CEMETERY OR CREMATORY

HOLY REDEEMER CEM.

24D. LOCATION (City, town, or county) (State)

4430 BELAIR RD MD

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 6 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

7110 BELAIR RD.

VS 151

N-803.2

544 50

170C

MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

11/15

February 1, 1915

To the Honorable Secretary of the Navy	
Washington, D. C.	
Dear Sir:	
I have the honor to acknowledge the receipt of your letter of the 28th inst.	
and in reply to inform you that the same has been forwarded to the proper authorities.	
Very respectfully,	
[Signature]	
[Name]	
[Title]	
[Address]	
[City]	
[State]	
[Zip]	
[Phone]	
[Fax]	
[E-mail]	
[Web]	
[Social Media]	
[Other Contact Info]	
[Closing Remarks]	
[Enclosures]	
[References]	
[Signatures]	
[Initials]	
[Stamps]	
[Notes]	
[Footer]	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **52 1168**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) H. FRANK		2. DATE OF DEATH Feb. 3, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore LIFE		D. STREET ADDRESS (If rural, give location) 2430 W. Lafayette Avenue	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED.	8. DATE OF BIRTH AUG 27 1888
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SWITCHMAN		10B. KIND OF BUSINESS OR INDUSTRY C&P TELEPHONE CO	9. AGE (In years last birthday) 63
13. FATHER'S NAME HENRY KRUMM		11. BIRTHPLACE (State or foreign country) BALTIMORE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME ELLA CLAGGETT.	
17. INFORMANT ELIZABETH I KRUM		ADDRESS 2430 W. LAFAYETTE AVE.	

18. 4201 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Generalized arteriosclerosis DUE TO	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Coronary artery sclerosis DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William V. Smith</i>	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED Feb. 4, 1952
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24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE FEB 7 1952	24C. NAME OF CEMETERY OR CREMATORY DRUID RIDGE CEM.	24D. LOCATION (City, town, or county) (State) PIKESVILLE MD.
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DATE RECEIVED BY LOCAL REGISTRAR FEB 6 1952	REGISTRAR'S SIGNATURE <i>Huntington W. ...</i>	25. FUNERAL DIRECTOR <i>Doppel ...</i>	ADDRESS 7110 BELAIR RD.
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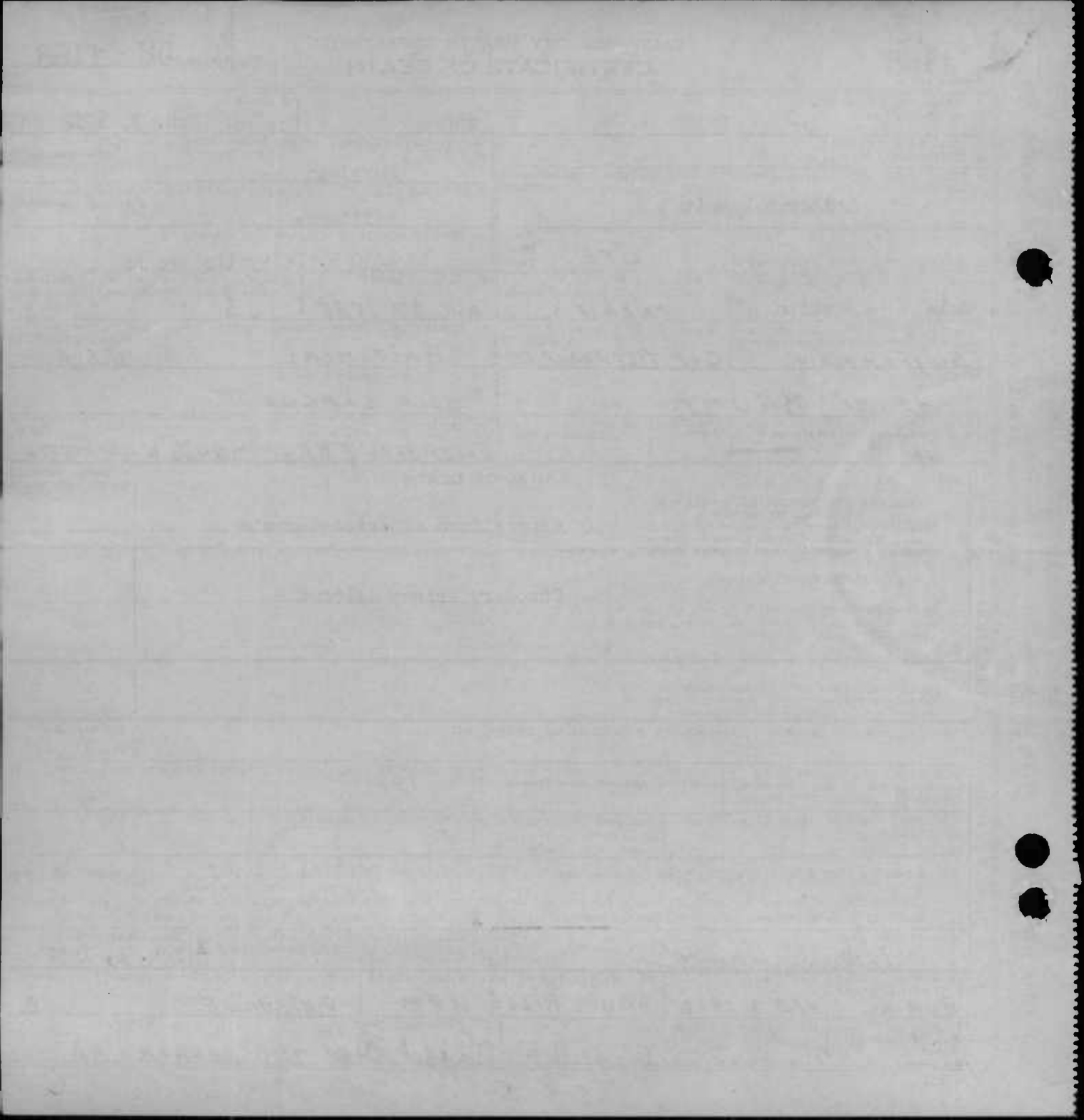
VS 151

5405A

94a ✓

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

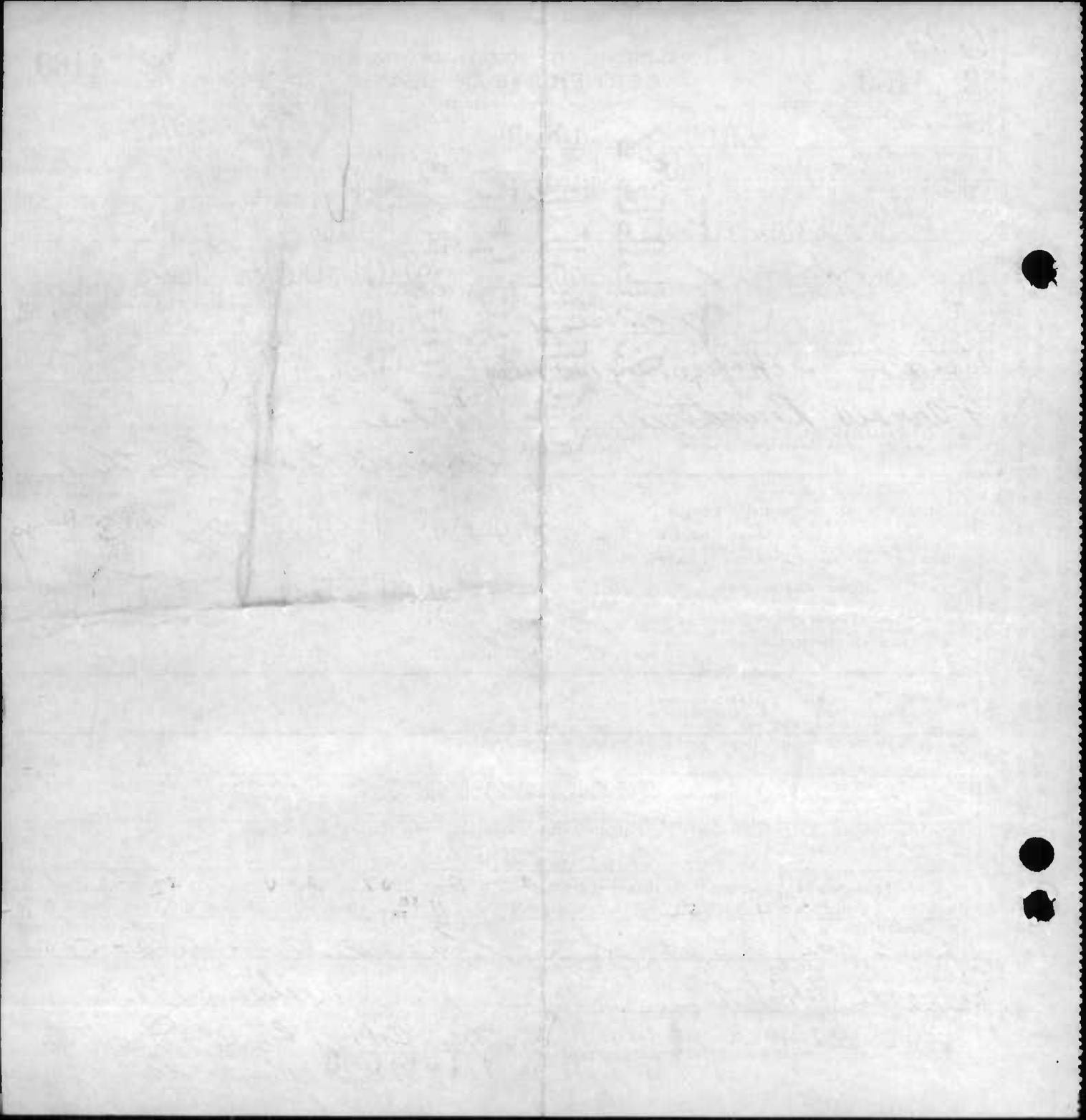


BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 1169BIRTH NO. 52 1169

1. NAME OF DECEASED (Type or Print) <u>Annie Carston</u>			2. DATE OF DEATH <u>2/4/52</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Balto. Md.</u>			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <u>Md</u> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Provident Hospital</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Balto.</u>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <u>702 Edmondson Ave</u>		
5. SEX <u>Fe</u>	6. COLOR OR RACE <u>colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Y.P. 1904</u>	9. AGE (in years last birthday) <u>47</u>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>operator</u>			11. BIRTHPLACE (State or foreign country) <u>Wilson, N.C.</u>		
10B. KIND OF BUSINESS OR INDUSTRY <u>2 ch + pipe mate Mat factory</u>			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <u>Farrow Roundtree</u>			14. MOTHER'S MAIDEN NAME <u>Batie</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <u>Connie Leake Smith</u>			ADDRESS		

18. <u>331X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH <u>Cerebral Hemorrhage</u> (A) DUE TO	INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO (C) <u>Hypertention</u>	?
II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>2-2</u> , 19 <u>52</u> to <u>2-4</u> , 19 <u>52</u> that I last saw the deceased alive on <u>2-4</u> , 19 <u>52</u> and that death occurred at <u>11:30</u> m., from the causes and on the date stated above.					
23A. SIGNATURE <u>Joseph A. Reid</u> M. D.		23B. ADDRESS <u>Pringle St. Hosp</u>		23C. DATE SIGNED <u>2-5-52</u>	
24A. BURIAL, CREMA- TION REMOVAL (Specify)		24B. DATE <u>Feb. 8/52</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Wilson N.C.</u>	
24D. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR ADDRESS <u>Mrs. B. G. Ellis & Daughter</u> <u>109 S. 2nd St. N.C.</u> <u>6904F</u>			
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <u>Huntington Williams</u>		25. FUNERAL DIRECTOR ADDRESS	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1170

BIRTH NO. 52 1170

1. NAME OF DECEASED
(Type or Print)

June W. Brown

2. DATE
OF
DEATH

5 Feb. 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE Md.

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

37

Mercy Hospital

C. CITY OR TOWN (If outside corporate limits, write FULL name and give township)

Baltimore

28-44

D. STREET ADDRESS (If rural, give location)

3714 Eldorado Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

June 18, 1940

9. AGE (In years
last birthday)

11

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Student

10B. KIND OF BUSINESS OR
INDUSTRY

--

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

James W. Brown

14. MOTHER'S MAIDEN NAME

Evelyn French

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

no

16. SOCIAL
SECURITY NO.

no

17. INFORMANT

ADDRESS

Mr. James W. Brown - 3714 Eldorado Ave.

18.

572.21

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Acute ulcerative colitis

2+ months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Circulatory collapse

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Feb. 4, 1952

19B. MAJOR FINDINGS OF OPERATION

1/colostomy, Sutured ileum

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 27, 1952, to 5 Feb, 1952, that I last saw the deceased alive on 5 Feb, 1952, and that death occurred at 10 A m., from the causes and on the date stated above.

23A. SIGNATURE

L. Dale Simmons

M. D.

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

5 Feb 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/8/52

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24D. LOCATION (City, town, or county)

Pikesville, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 6 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

24 yrs. J. Dickner & Sons

ADDRESS

Baltimore 17, Md.
12013

FILE 52

UNITED STATES DEPARTMENT OF JUSTICE

CRIMINAL DIVISION

10

RECEIVED

NOV 14 1964

TO THE ATTORNEY GENERAL

FROM THE DIRECTOR, FBI

SUBJECT: [Illegible]

RE: [Illegible]

DATE: [Illegible]

BY: [Illegible]

FOR THE DIRECTOR: [Illegible]

BY: [Illegible]

N-635
52 1171BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1171

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FRANCES NORTON

2. DATE
OF
DEATH

Feb. 4, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION 2305 St. Paul St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1521 E. North Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Sept. 2, 1865

9. AGE (in years
last birthday)

86

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Albert William Engle

14. MOTHER'S MAIDEN NAME

Delia Corcoran

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Clifton Norton - 2124 Eagle St.

18.

334X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

hemiplegia, left.

(A)

DUE TO

1 yr

ANTECEDENT CAUSES

hypertension

(B)

DUE TO

1 yr

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

cachexia

90v mos

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 19 51, to Feb. 4 52, that I last saw the
deceased alive on Feb. 4, 19 52, and that death occurred at 9:40 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/7/52

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park Cen.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 6 - 1952

Huntington Williams, M.D.

J. L. Lickner & Sons

837 Bath 17, Md.

CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Race		4. Age		5. Date of Death	
6. Place of Birth		7. Usual Residence		8. Cause of Death		9. Manner of Death		10. Signature of Registrar	
11. Signature of Physician		12. Signature of Coroner		13. Signature of Medical Examiner		14. Signature of Health Officer		15. Signature of Registrar	
16. Signature of Deceased		17. Signature of Next of Kin		18. Signature of Burial Officer		19. Signature of Interment Officer		20. Signature of Burial Officer	
21. Signature of Interment Officer		22. Signature of Burial Officer		23. Signature of Interment Officer		24. Signature of Burial Officer		25. Signature of Interment Officer	
26. Signature of Burial Officer		27. Signature of Interment Officer		28. Signature of Burial Officer		29. Signature of Interment Officer		30. Signature of Burial Officer	
31. Signature of Interment Officer		32. Signature of Burial Officer		33. Signature of Interment Officer		34. Signature of Burial Officer		35. Signature of Interment Officer	
36. Signature of Burial Officer		37. Signature of Interment Officer		38. Signature of Burial Officer		39. Signature of Interment Officer		40. Signature of Burial Officer	
41. Signature of Interment Officer		42. Signature of Burial Officer		43. Signature of Interment Officer		44. Signature of Burial Officer		45. Signature of Interment Officer	
46. Signature of Burial Officer		47. Signature of Interment Officer		48. Signature of Burial Officer		49. Signature of Interment Officer		50. Signature of Burial Officer	
51. Signature of Interment Officer		52. Signature of Burial Officer		53. Signature of Interment Officer		54. Signature of Burial Officer		55. Signature of Interment Officer	
56. Signature of Burial Officer		57. Signature of Interment Officer		58. Signature of Burial Officer		59. Signature of Interment Officer		60. Signature of Burial Officer	
61. Signature of Interment Officer		62. Signature of Burial Officer		63. Signature of Interment Officer		64. Signature of Burial Officer		65. Signature of Interment Officer	
66. Signature of Burial Officer		67. Signature of Interment Officer		68. Signature of Burial Officer		69. Signature of Interment Officer		70. Signature of Burial Officer	
71. Signature of Interment Officer		72. Signature of Burial Officer		73. Signature of Interment Officer		74. Signature of Burial Officer		75. Signature of Interment Officer	
76. Signature of Burial Officer		77. Signature of Interment Officer		78. Signature of Burial Officer		79. Signature of Interment Officer		80. Signature of Burial Officer	
81. Signature of Interment Officer		82. Signature of Burial Officer		83. Signature of Interment Officer		84. Signature of Burial Officer		85. Signature of Interment Officer	
86. Signature of Burial Officer		87. Signature of Interment Officer		88. Signature of Burial Officer		89. Signature of Interment Officer		90. Signature of Burial Officer	
91. Signature of Interment Officer		92. Signature of Burial Officer		93. Signature of Interment Officer		94. Signature of Burial Officer		95. Signature of Interment Officer	
96. Signature of Burial Officer		97. Signature of Interment Officer		98. Signature of Burial Officer		99. Signature of Interment Officer		100. Signature of Burial Officer	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1172

BIRTH NO. 49-22749

1. NAME OF DECEASED
(Type or Print)

WESLEY M. GILLMAN

2. DATE
OF
DEATH

February 4, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)A. STATE
Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Baltimore Eye, Ear, Nose, & Throat

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Balto.

D. STREET ADDRESS (If rural, give location)

6172 Parkway Drive

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE. MARRIED.

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Oct. 10, 1949

9. AGE (In years
last birthday)

2

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Herman M. Gillman

14. MOTHER'S MAIDEN NAME

Eloise G. Northup

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Herman M. Gillman-6172 Parkway Drive

18.

510.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Hemorrhage following Tonsillectomy
operation

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Feb. 4, 1952

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William H. Smith

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Feb. 5, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/7/52

24C. NAME OF CEMETERY OR CREMATORY

Cedar Hill Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 6 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Slickner & Sons

ADDRESS

115C Balto 17 Md

21m. f. 11.11.11
11.11.11

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1173

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FRANK J. ORBAN

2. DATE
OF
DEATH

February 5, 1952

3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

2507 Chelsea Terrace

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Balto.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

o. STREET ADDRESS (If rural, give location)

2507 Chelsea Terrace

5. SEX

Male

White

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan. 11, 1897

9. AGE (In years
last birthday)

55

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Supervision chemical wks.

10B. KIND OF BUSINESS OR
INDUSTRY

chemicals

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Orban

14. MOTHER'S MAIDEN NAME

Marie Wehanczicz

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

yes

World War No. 1

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Helen Orban - 2507 Chelsea Terr.

18.

163X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Carcinoma of the lung

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William J. ...

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Feb. 5, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Cremation

24B. DATE

2/7/52

24C. NAME OF CEMETERY OR CREMATORY

Loudob Park Cem

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. Pickens & Sons

ADDRESS

47D Balto 17, Md

VS 151

290 4R

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

[Faint handwritten notes at the bottom of the page]

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **52 1174**

BIRTH NO. **652 1174**

1. NAME OF DECEASED (Type or Print) Drinks, Paul Edward Sr.			2. DATE OF DEATH February 5, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore #6		
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore #6		
c. Length of stay in Baltimore Yrs. Mos. Days 4323 Berger Avenue			D. STREET ADDRESS (If rural, give location)		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH Sept. 20-1905		9. AGE (In years last birthday) 46
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Policeman		10B. KIND OF BUSINESS OR INDUSTRY Balto. City	11. BIRTHPLACE (State or foreign country) Baltimore, Md		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Louis Drinks			14. MOTHER'S MAIDEN NAME Lula Herman		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	17. INFORMANT Mrs E. Verma Harris		
			ADDRESS 4622-28th Road		

18. **420.1** CAUSE OF DEATH **South Arlington, VA.** INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary thrombosis
(B) with ventricular fibrillation
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **February 5, 1952** to **February 5, 1952**, that I last saw the deceased alive on **February 5, 1952**, and that death occurred at **12:20 PM**, from the causes and on the date stated above.

23A. SIGNATURE L. P. Coffey Jr.		23B. ADDRESS 1400 N. Caroline St.		23C. DATE SIGNED 2-5-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/8/52		24C. NAME OF CEMETERY OR CREMATORY Parkwood	
24D. LOCATION (City, town, or county) (State) Balto Md		24E. NAME OF CEMETERY OR CREMATORY Balto Md		24F. LOCATION (City, town, or county) (State) Balto Md	
DATE RECEIVED BY LOCAL REGISTRAR FEB 6 - 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR L. J. Luck	
				ADDRESS 5305 Hanford Rd	

VS 150

195205095173
773 95173

94a

PLEASE WRITE PROMPTLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

101

102

CERTIFICATE OF DEATH

103

104

105

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107

108

109

110

111

112

113

114

115

116

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123

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126

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1175
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM ERVIN DICKINS

2. DATE
OF
DEATH

2/4/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1526 Brentwood Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

(If outside corporate limits, write RURAL and give township)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

1526 Brentwood Ave

c. Length of stay in Baltimore

50

Yrs.
Moos
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

6-15-877 74 75

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

?

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

SAMUEL DICKINS

14. MOTHER'S MAIDEN NAME

MARY Henry

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

NONE

16. SOCIAL
SECURITY NO.

?

17. INFORMANT

INA DICKINS 1526 Brentwood Ave

ADDRESS

18.

331 X 1
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

2 wks.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/20/1952 to 2/4/1952, that I last saw the
deceased alive on 1/19/52 and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

2-7-1952

Mt. Calvary Cemetery

A. A. Co., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 6 - 1952

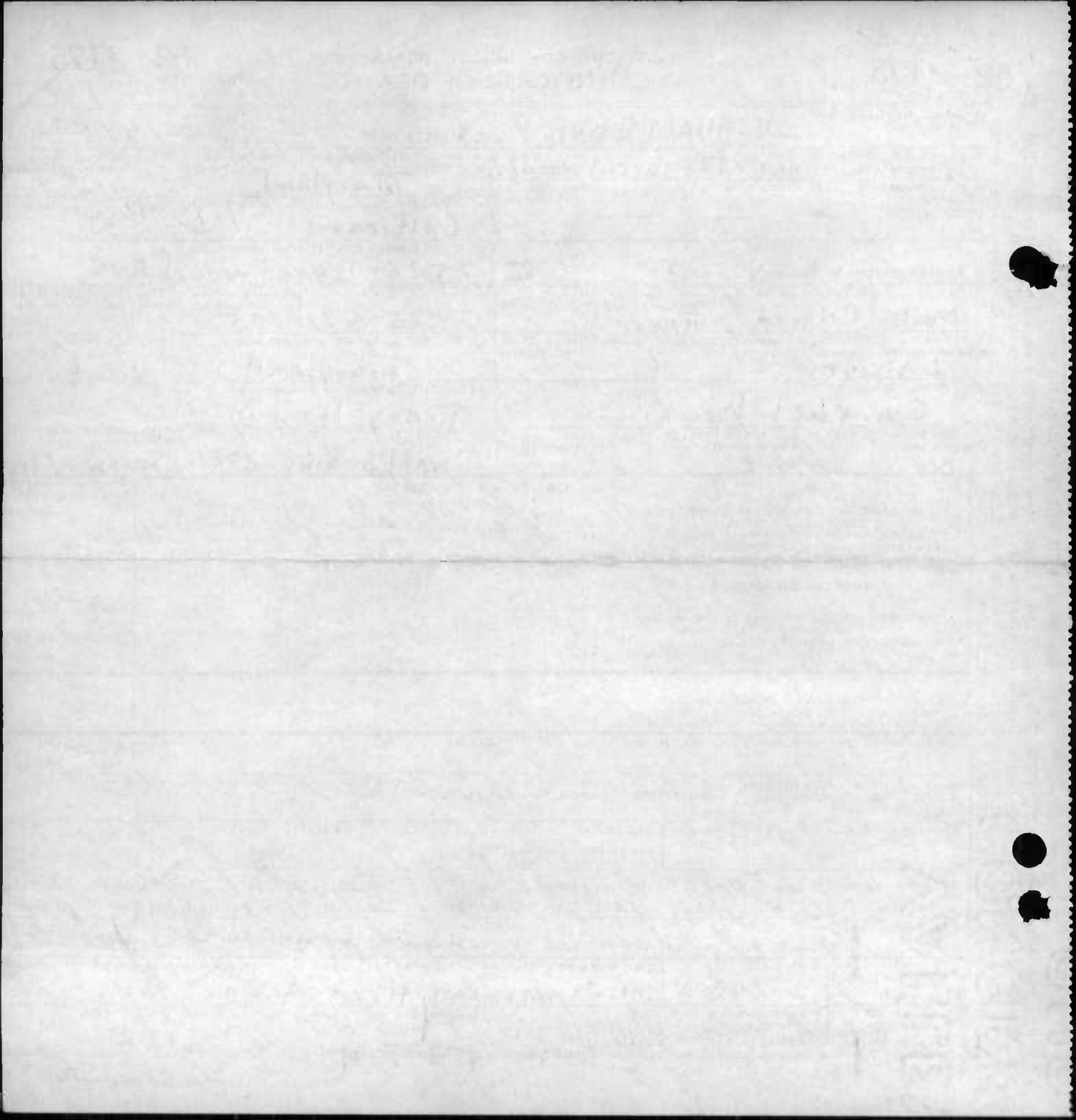
Huntington Williams, M.D.

Rayner Sanders 217 E.

VS 150

97099

83a Preston St.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 1176

BIRTH NO. 52-03291

1. NAME OF DECEASED
(Type or Print)

WILLIAM O'BRIEN

2. DATE
OF
DEATH

2-6-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2025 W. JAYETTE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION

Bon SECOURS

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 12

D. STREET ADDRESS (If rural, give location)

1048 CAMERON RD 6200

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

2-5-52

9. AGE (In years last birthday)

10 Under 1 Year

11 Under 24 Hours

Months Days

Hours Min.

13 55

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

MD

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

WILLIAM CHRISTOPHER O'BRIEN

14. MOTHER'S MAIDEN NAME

ALICE MARGARET O'BRIEN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

William O'Brien

ADDRESS

same

18.

760.5

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Intracranial Hemorrhage

DUE TO

ANTECEDENT CAUSES

(B)

Prematurity

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK

NOT WHILE AT WORK

22. I hereby certify that I attended the deceased from 2-5, 1952, to 2-6, 1952, that I last saw the deceased alive on 2-6, 1952, and that death occurred at 3A m., from the causes and on the date stated above.

23A. SIGNATURE

Annette H. Hoge

M. D.

23B. ADDRESS

Bon Secours Hosp.

23C. DATE SIGNED

2-6-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

2/6/52

Holy Redeemer Delmar

RD

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 6 - 1952

Huntington, William M. Hoge

Charles W. Fachant

703

McKenna

CERTIFICATE OF DEATH

Name of Deceased		Date of Death	
Place of Birth		Date of Birth	
Sex		Race	
Marital Status		Cause of Death	
Occupation		Place of Death	
Signature of Physician		Signature of Registrar	
Date of Certificate		Place of Issuance	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 1177**

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Wm Wise</i>		2. DATE OF DEATH <i>2/5/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>St Agnes Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <i>3519 Clifton Ave</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Nov. 20, 1901</i>	9. AGE (in years last birthday) <i>50</i>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Ret. Letter Carrier</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>U.S. Post Office</i>	11. BIRTHPLACE (State or foreign country) <i>Baltimore, Maryland</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Jacob Wise</i>			14. MOTHER'S MAIDEN NAME <i>Katherine</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>Shirley Wise, 275 McCurley Street</i>		

18. <i>470.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cerebral Disease</i> DUE TO ANTECEDENT CAUSES <i>Cerebral Lesion</i> DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>!!</i> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <i>Inspection</i> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE <i>Shirley Wise</i>	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input checked="" type="checkbox"/>		23C. DATE SIGNED <i>2/5/52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	24B. DATE <i>2/9/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Loudon Park Cemetery</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore, Maryland</i>

DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 6 - 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington W. D. ...</i>	25. FUNERAL DIRECTOR ADDRESS <i>Wm Cook, Inc. 1217 St. Paul Street</i>
---	--	---

V S 151 12413 ✓

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

100 82

STATE OF NEW YORK

100 82

100 82

Blank lined page with three binder holes on the right margin.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 1178

BIRTH NO. 453 52 1178		1. NAME OF DECEASED (Type or Print) EUGENE A. BLOUNT		2. DATE OF DEATH February 5, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Baltimore		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 12-05	
B. FULL NAME OF HOSPITAL OR INSTITUTION 1709 St. Paul Street		D. STREET ADDRESS (If rural, give location) 1709 St. Paul St.		c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH March 20, 1910	9. AGE (In years last birthday) 41	10. Under 1 Year Months: _____ Days: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) South Carolina		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Eugene A. Blount			14. MOTHER'S MAIDEN NAME Margaret Ohlbers		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Bridges Funeral Home, Athens, Georgia		
18. 330 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) MASSIVE SUBARACHNOID HEMORRHAGE DUE TO Rupture of congenital aneurysm of Circle of Willis. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. B. Fisher		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED Feb. 6, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) removal	24B. DATE 2/6/52	24C. NAME OF CEMETERY OR CREMATORY Athens	24D. LOCATION (City, town, or county) (State) Athens, Georgia		
DATE RECEIVED BY LOCAL REGISTRAR FEB 6 - 1952	REGISTRAR'S SIGNATURE Huntington Williams, Jr.	FUNERAL DIRECTOR Wm. Cook, Inc. 1217 St. Paul Street			

8-11-38

8-11-38

MEMORANDUM

TO: SAC, NEW YORK

FROM: SAC, NEW YORK

SUBJECT: [Illegible]

RE: [Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

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[Illegible]

[Illegible]

[Illegible]

[Illegible]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **52 1179**

1. NAME OF DECEASED
(Type or Print)

GILES LEWIS

2. DATE OF DEATH **5 FEB. 52**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

SINAI HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **MD**

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write FULL NAME and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

2239 E. NORTH AVE.

c. Length of stay in Baltimore

50 Yrs

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

WIDOWER

8. DATE OF BIRTH

Feb-18th 1877

9. AGE (In years last birthday)

77

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Paper Hanger

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

New York

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Clair Lewis

14. MOTHER'S MAIDEN NAME

Julia Leone

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Mrs. W. Freder 2239 E. North Ave

18.

177X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) **CARCINOMA OF PROSTATE WITH METASTASES**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerotic heart disease - cystitis - calculi; left hydronephrosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **14th Jan, 1952 to 5th Feb., 1952** that I last saw the deceased alive on **5th Feb., 1952** and that death occurred at **6 A. m.**, from the causes and on the date stated above.

23A. SIGNATURE

M. S. Parekh

23B. ADDRESS

Sinai Hospital, Balto.

23C. DATE SIGNED

5 Feb. 52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb 9th 1952

24C. NAME OF CEMETERY OR CREMATORY

Balto Cemetery

24D. LOCATION (City, town, or county)

E. North Ave Est

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

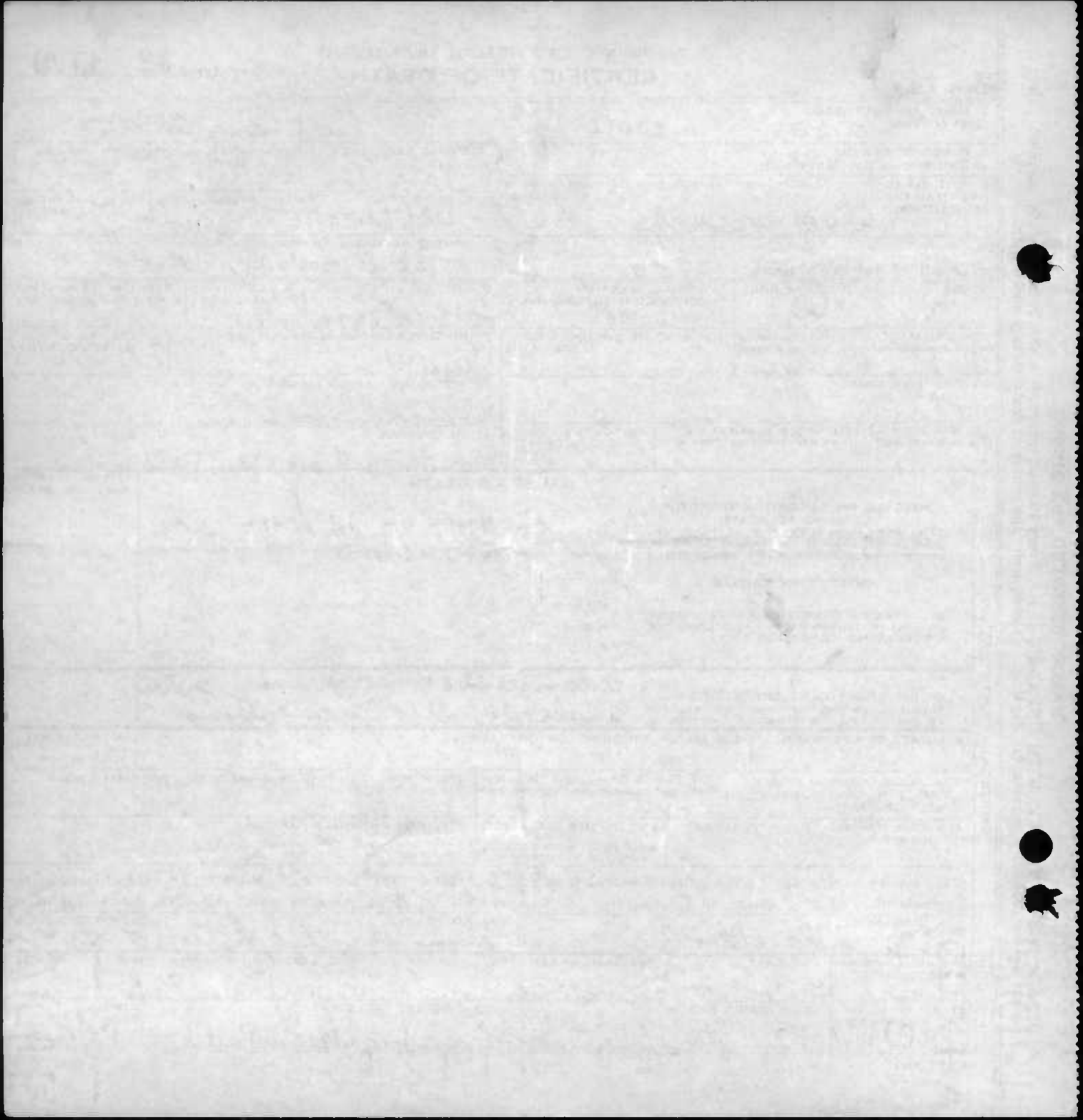
25. FUNERAL DIRECTOR

1705 N. Patterson Pl. Ave

ADDRESS

VS 150

51B



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1180

52 1180

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs MARY Elizabeth KIRWAN

2. DATE
OF
DEATH

Feb 6, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Hospital for Women of Maryland

47

c. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3011 Chelsea Terrace

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Oct 19, 1887

9. AGE (In years
last birthday)

67

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House W. fr

10B. KIND OF BUSINESS OR
INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Mary Elizabeth Corbett

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

-

17. INFORMANT

ADDRESS

18.

171X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Carcinoma of Liver

DUE TO

Metastatic from (B)

Jan 1952

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Carcinoma of Cervix

DUE TO

Sept 1951

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Cholelithiasis

19A. DATE OF OPERATION

Jan 15, 1952

19B. MAJOR FINDINGS OF OPERATION

Metastatic Carcinoma of Liver

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

NOT WHILE

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 10, 1952, to Feb 6, 1952, that I last saw the
deceased alive on Feb 5, 1952, and that death occurred at 3:25 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Robert L. Brown

23B. ADDRESS

M.D. Hosp. for Women of Md.

23C. DATE SIGNED

Feb 6, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2-10-52

24C. NAME OF CEMETERY OR CREMATORY

Deale Island Cem

24D. LOCATION (City, town, or county)

Deale Island, Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 6 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Huntington Williams, M.D.

ADDRESS

2503 Baltimore Ave

VS 150

48a

952000177

PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

0011 80

0011 80

1. The first of the three main parts of the book is a

general introduction to the subject of the book.

2. The second part of the book is a detailed account of the

history of the subject from the beginning to the present

time. This part of the book is divided into three

sections: the first section deals with the early history

of the subject, the second section deals with the

middle period, and the third section deals with the

modern period.

3. The third part of the book is a

concluding chapter in which the author

sums up the main points of the book.

4. The fourth part of the book is a

list of references.

5. The fifth part of the book is a

list of names.

6. The sixth part of the book is a

list of subjects.

7. The seventh part of the book is a

list of dates.

8. The eighth part of the book is a

list of places.

9. The ninth part of the book is a

list of events.

10. The tenth part of the book is a

list of names.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **52 1181**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) **BLANCHE W. SMITH.**2. DATE OF DEATH **FEB. 5, 1952**3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE **MARYLAND**
B. COUNTY **16-08**B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
736 LINNARD ST.C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTIMOREc. Length of stay in Baltimore **27 YRS**
Yrs. Mos. DaysD. STREET ADDRESS (If rural, give location)
736 LINNARD ST.5. SEX **FEMALE**6. COLOR OR RACE **WHITE**7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
WIDOWED8. DATE OF BIRTH **NOV 21, 1899**9. AGE (In years, last birthday) **52**
If Under 1 Year: Months: Days If Under 24 Hours: Min.10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
NONE10B. KIND OF BUSINESS OR INDUSTRY
NONE11. BIRTHPLACE (State or foreign country)
MARYLAND.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME
JOSEPH PEREGOV14. MOTHER'S MAIDEN NAME
LOUISA OKLEY15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
NO.16. SOCIAL SECURITY NO.
NONE17. INFORMANT ADDRESS
MRS. HELEN HESTER BERG 736 LINNARD ST.18. **334 X I**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) CEREBRAL APOPLEXY.

DUE TO

2 Years

ANTECEDENT CAUSES

Arterial Hypertension.**2 + ..**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C) **0**

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
None19B. MAJOR FINDINGS OF OPERATION
020. AUTOPSY?
YES ☐ NO ☒21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
None21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
021C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
021D. TIME (Month) (Day) (Year) (Hour) OF INJURY
021E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Oct, 1949**, to **Feb, 5, 52**, 19__, that I last saw the deceased alive on **Feb, 3, 1952**, and that death occurred at __ m., from the causes and on the date stated above.22A. SIGNATURE
Dr. Lloyd Johnson

M. D.

23B. ADDRESS
6348. Frederick Road, Catonsville, Md23C. DATE SIGNED
2/7/5224A. BURIAL, CREMATION, REMOVAL (Specify)
BURIAL24B. DATE
2/7/5224C. NAME OF CEMETERY OR CREMATORY
Woodlawn Cem.24D. LOCATION (City, town, or county) (State)
Baltimore, Maryland.DATE RECEIVED BY LOCAL REGISTRAR
FEB 6 - 1952REGISTRAR'S SIGNATURE
Huntington Williams25. FUNERAL DIRECTOR
Mr. Joseph Kimbrell, Jr.ADDRESS
1328 Sulphur Spring Rd.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1182
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		LLOYD . FISHER		February 5, 1952	
3. PLACE OF DEATH:		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
A. Baltimore City, Maryland		A. STATE		B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN		3-01	
		Baltimore			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)			
12 Yrs. Mos. Days		626 Bond St. So.			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. Under 1 Year Months: Days
Male	White	Divorced	June 12, 1901	50 49	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
Carpenter				West Virginia	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		12. CITIZEN OF WHAT COUNTRY?	
Zack Fisher		Adeliza Brady		USA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
no				Adam Fisher, Big Cove Tunnage, La.	
18. 3720		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Acute alcoholism			
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
				YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .					
23A. SIGNATURE		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED	
R. S. Fisher		M.D.		Feb. 6, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		Sat. Feb. 9, 1952		Laurel Ridge Cemetery	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	
FEB 6 - 1952		Huntington Williams, M.D.		Big Cove Tunnage, La.	

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 1183**

BIRTH NO. **52 1183**

1. NAME OF DECEASED (Type or Print) John Aspril			2. DATE OF DEATH 2/5/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 46 Lutheran Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Dundalk 5300		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 57 Admiral Blvd		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH April 2/1864		9. AGE (in years last birthday) 87
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steel Work Retired		10B. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (State or foreign country) Ill.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME J Addison Aspril			14. MOTHER'S MAIDEN NAME Sydia		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Modelia Aspril 57 Admiral		

18. 4/20/1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) Intermittent Cardiovascular disease & pulmonary edema and uremia (B) Left Bundle Branch Block (C) 1st degree AV Block (D) Coronary Insufficiency
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan. 29 , 19 52 , to Feb. 5 , 19 52 , that I last saw the deceased alive on Feb. 5 , 19 52 , and that death occurred at 5:15 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE Dr. C. Macapangan		23B. ADDRESS Lutheran Hosp. of Md.		23C. DATE SIGNED 2/5/52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE Feb 7/52		24C. NAME OF CEMETERY OR CREMATORY Old Lawyers Con	
24D. LOCATION (City, town, or county) (State) Odessa Del		25. FUNERAL DIRECTOR William L. Williams		ADDRESS 2112 Dundalk	
DATE RECEIVED BY LOCAL REGISTRAR FEB 6 - 1952		REGISTRAR'S SIGNATURE Huntington Williams			

VS 150

937

MARGIN RESERVED FOR BINDING

PLEASE WRITE COMPLETELY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 1184**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HENRY CLAY BUCKLEY

2. DATE
OF
DEATH

Feb. 4, 1952

3. PLACE OF DEATH:

A. **Baltimore City, Maryland 3007 Woodring Ave.**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Maryland**

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, with RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3007 Woodring Ave.

c. Length of stay in Baltimore

Lifetime

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 6, 1872

9. AGE (In years last birthday)

79

10 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Paving inspector

10B. KIND OF BUSINESS OR INDUSTRY

Baltimore City.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Buckley

14. MOTHER'S MAIDEN NAME

Elizabeth Edwards

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL SECURITY NO.

None

17. INFORMANT

ADDRESS

Mrs. Mary Buckley, 3007 Woodring Ave.

18.

153X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

**Metastatic Carcinoma
Large Intestine**

INTERVAL BETWEEN ONSET AND DEATH

2 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Sept. 1949

19B. MAJOR FINDINGS OF OPERATION

Large Intestine

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **two** 1951, to **Feb. 4**, 1952, that I last saw the deceased alive on **Feb. 4**, 1952, and that death occurred at **11:40 P. m.**, from the causes and on the date stated above.

23A. SIGNATURE

Notman Danney

23B. ADDRESS

7101 Harford Rd.

23C. DATE SIGNED

2/5/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/8/52

24C. NAME OF CEMETERY OR CREMATORY

Baltimore

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

FEB 6 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Ullrich Funeral Home 2008 Orleans St.,

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1959

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered **58-1185**

BIRTH NO. **52-1185**

1. NAME OF DECEASED
(Type or Print)

GEORGE KING

2. DATE OF DEATH **February 5, 1952**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Md.** B. COUNTY

B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)

St. Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

c. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)

1701 N. Patterson Pk. Avenue

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

**April 27, 1894
FEB 18 1952**

9. AGE (In years last birthday)

57

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

CHAUFFEUR

10B. KIND OF BUSINESS OR INDUSTRY

FUNERAL DIRECTOR

11. BIRTHPLACE (State or foreign country)

MD

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

GEORGE KING

14. MOTHER'S MAIDEN NAME

MAGDELENA HUBER

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. **E891.0**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Carbondioxide Poisoning**

~~XXXX~~

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Acute Alcoholism**

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

garage

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

1701 N. Patterson Pk. Ave.

8/2

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

Found 9:25 am. 2/5/52

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Found slumped over wheel of auto in garage.

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

RS Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☐
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Feb. 5, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb 8 1952

24C. NAME OF CEMETERY OR CREMATORY

Balto National

24D. LOCATION (City, town, or county)

Fredrick Rd

DATE RECEIVED BY LOCAL REGISTRAR

FEB 6 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Leah B. Book

ADDRESS

1701-03 N. Patt Pk Ave

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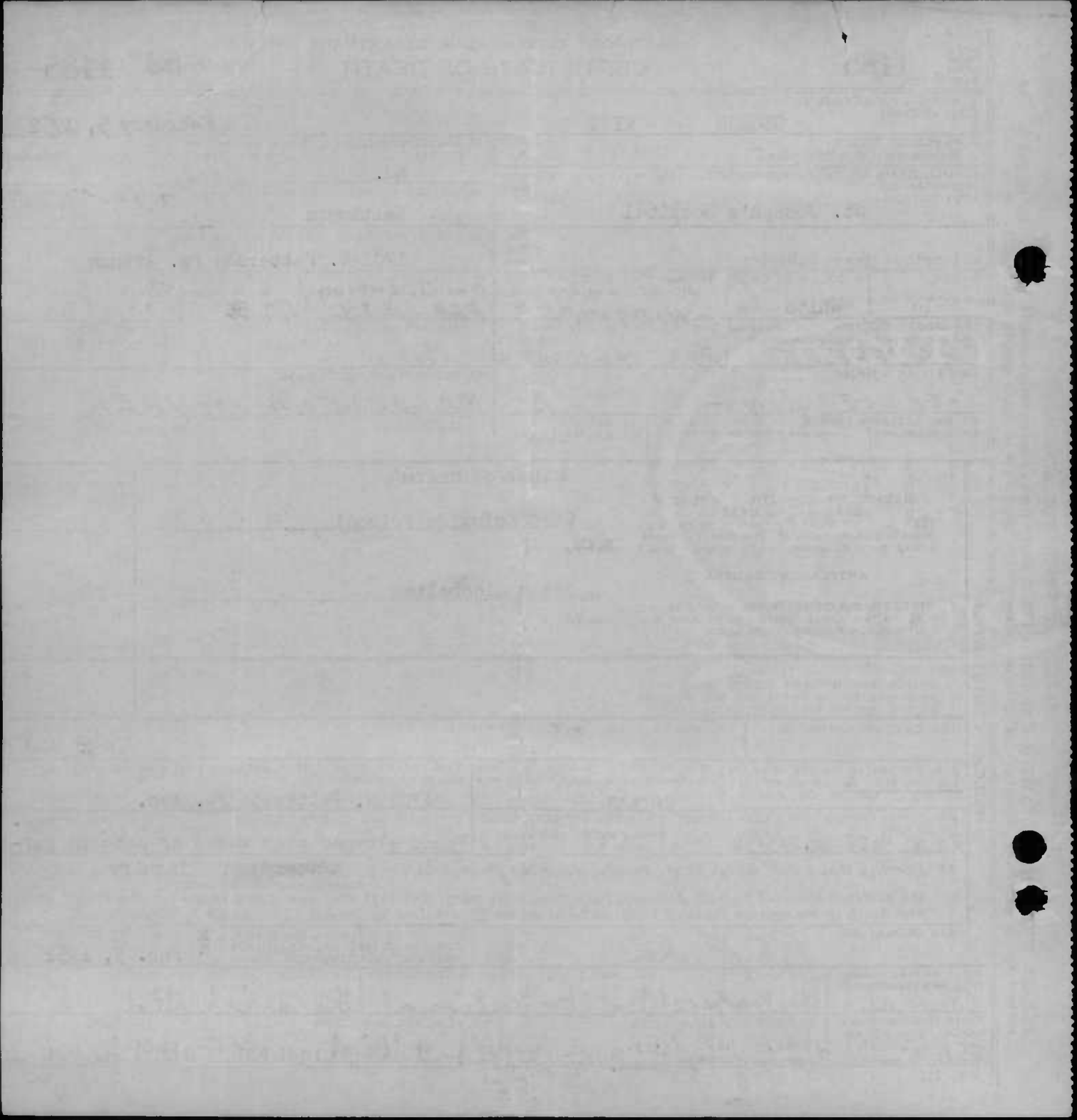
682 SF

178B

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **52 1186**

BIRTH NO. **52 1186**

1. NAME OF DECEASED
(Type or Print)

Mrs. Helen Schuette

2. DATE
OF
DEATH

Feb. 5, 1952.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

40 St. Agnes' Hospital

C. CITY OR TOWN (If outside corporate limits, with RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

311 S. Caton Avenue

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Separated

8. DATE OF BIRTH

9-8-1915

9. AGE (in years last birthday)

36

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife WRAPPER

10B. KIND OF BUSINESS OR INDUSTRY

Laundry

11. BIRTHPLACE (State or foreign country)

Maryland.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Walter Levering

Dec'd

14. MOTHER'S MAIDEN NAME

Grace Horn

Dec'd

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO. (If yes, give war or dates of service)

NONE

218-12-6663

17. INFORMANT

ADDRESS

FREDERICK SCHUETTE 6742 Windsor Hill Rd.

18.

190X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Metastatic Melanoma

(B)

DUE TO

with generalized metastases to skin, liver, intestines, spleen, heart, lungs.

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Acute.

19A. DATE OF OPERATION

2/5/52

19B. MAJOR FINDINGS OF OPERATION

Metastatic melanoma with metastatic melanoma

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **1-5-52**, 19**52**, to **2/5**, 19**52**, that I last saw the deceased alive on **2/5**, 19**52**, and that death occurred at **5:45 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE

Huntington Williams, M.D.

23B. ADDRESS

St. Agnes Hospital

23C. DATE SIGNED

2/5/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

2-8-52

24C. NAME OF CEMETERY OR CREMATORY

LONDON PARK

24D. LOCATION (City, town, or county)

BALTIMORE, MD.

DATE RECEIVED BY LOCAL REGISTRAR

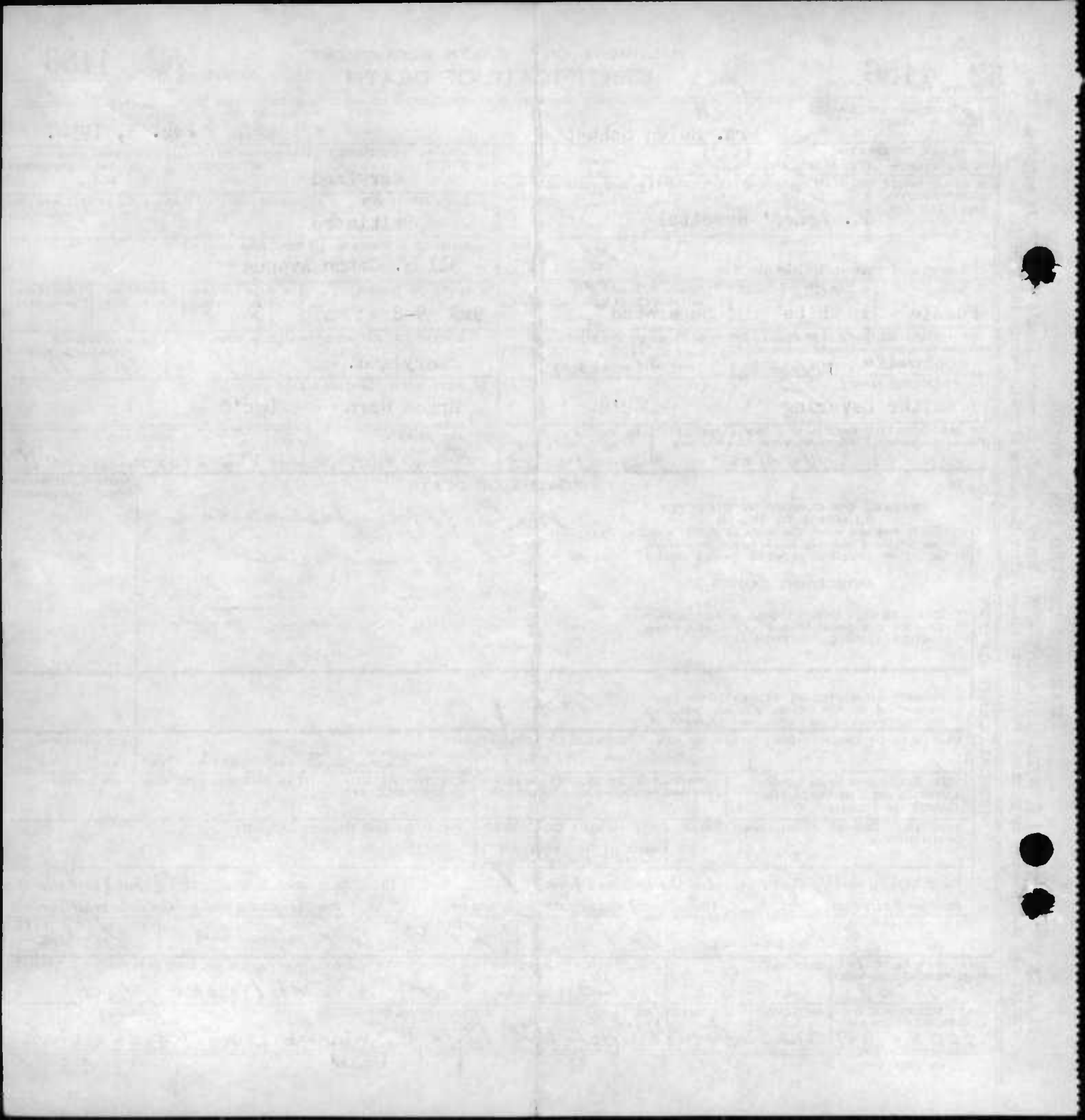
FEB 6 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Geo. L. Schwab 2101 Frederick Ave



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1187

BIRTH NO. 52 1187 2-02897

1. NAME OF DECEASED
(Type or Print)

BABY BOY MACEY

2. DATE

OF DEATH February 5, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Md, ~~Baltimore~~

Anne Arundel

B. FULL NAME OF (If not in hospital or institution, give street address or location)

St. Agnes Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Glen Burnie

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Feb. 4, 1952

9. AGE (In years

last birthday)

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

1

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

NONE

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Bach

12. CITIZEN OF

WHAT COUNTRY?

13. FATHER'S NAME

David

14. MOTHER'S MAIDEN NAME

MAYACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL SECURITY NO.

17. INFORMANT

Mammy E

ADDRESS

Ame

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A) Neonatal asphyxia due to subdural hemorrhage due to cephalopelvic dystocia

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. Fisher

23B. CHIEF MEDICAL EXAMINER ☒ASSISTANT MEDICAL EXAMINER ☐M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Feb. 6, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

2.7.52

24C. NAME OF CEMETERY OR CREMATORY

Glen Haven

24D. LOCATION (City, town, or county)

Glen Burnie

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

1600 30 E. Front Ave.

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1188
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year If Under 24 Hours
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1952, to 2/2/52, that I last saw the
deceased alive on 2/1/52, and that death occurred at 6:08 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

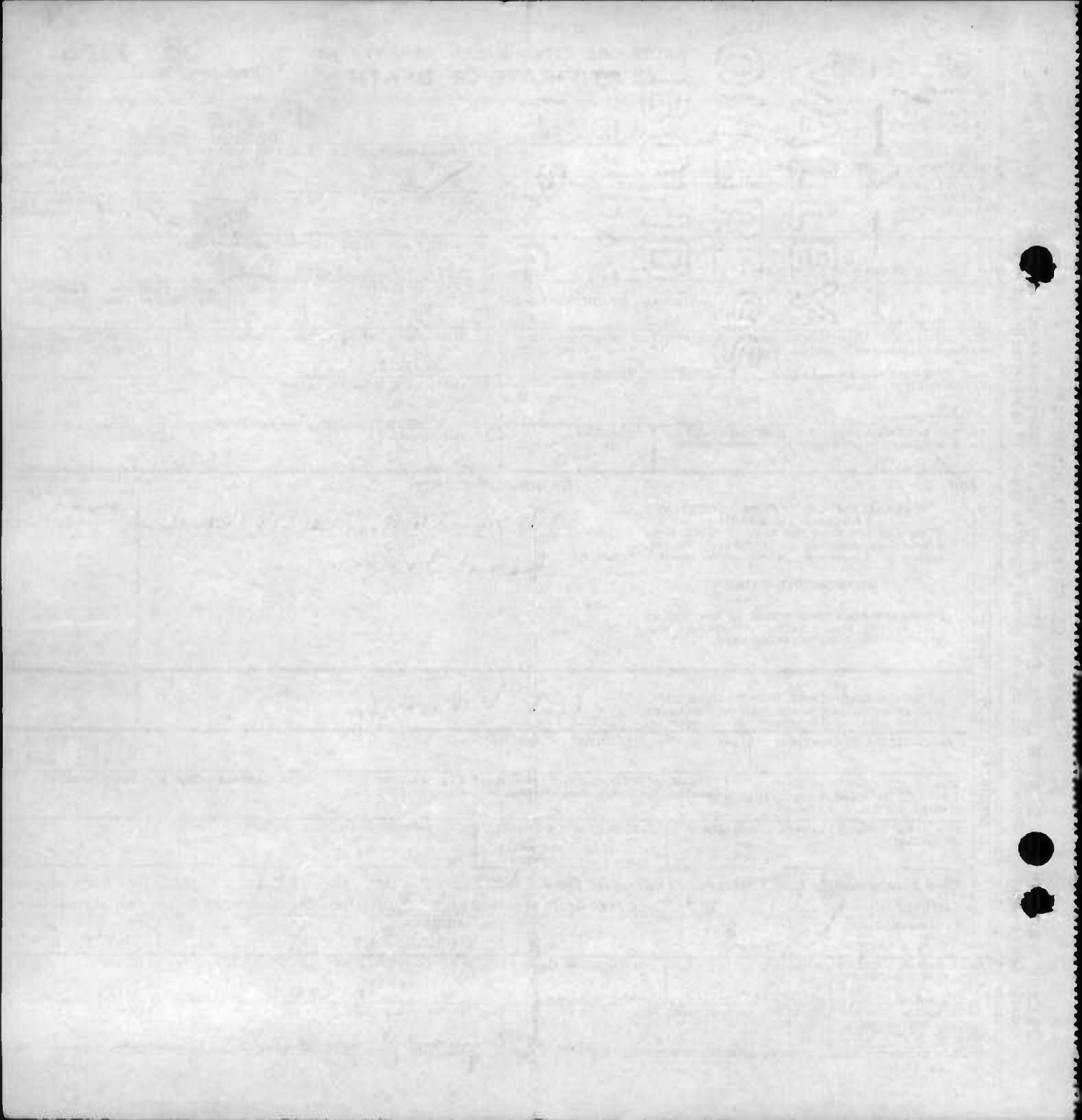
(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

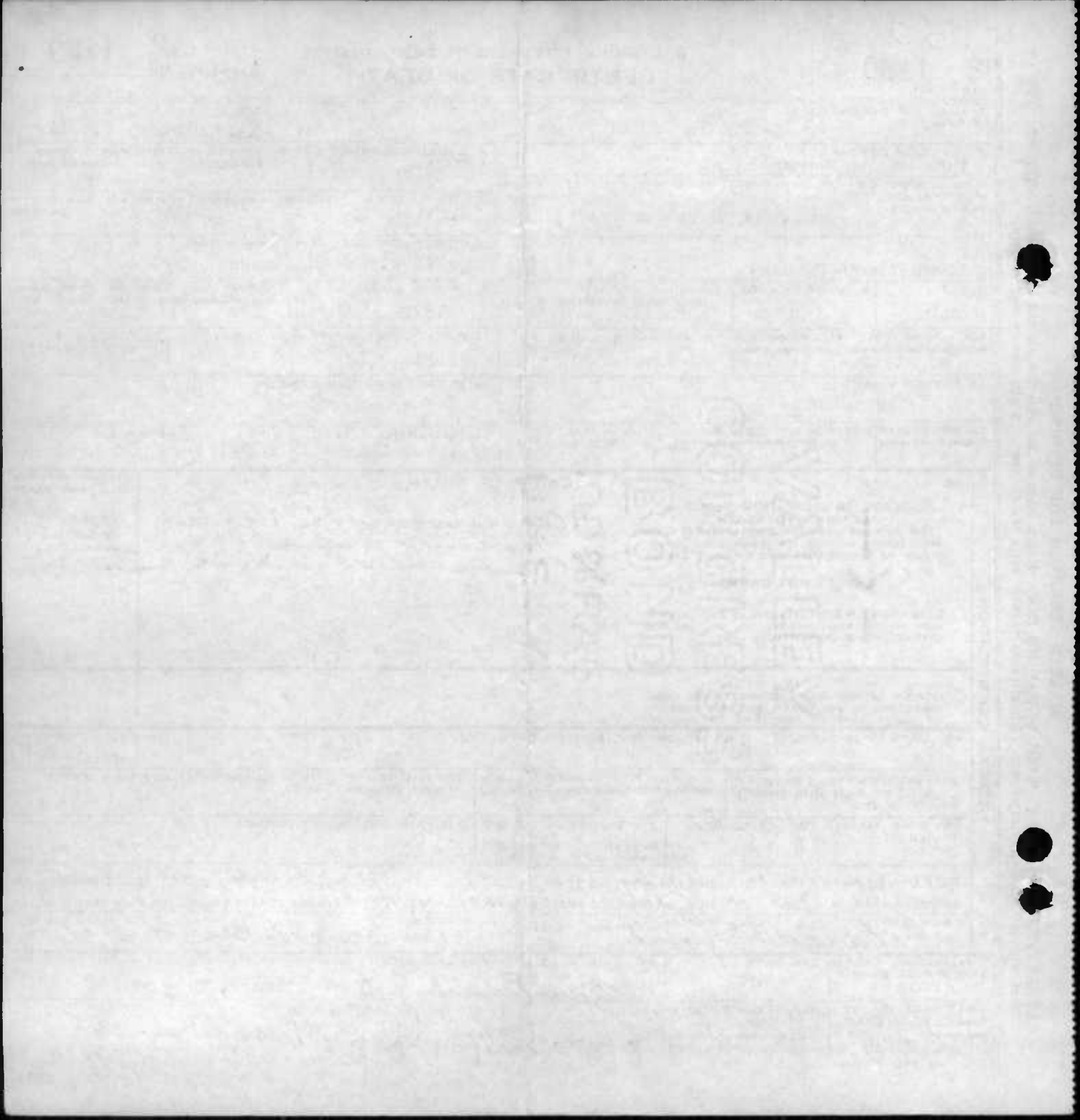
25. FUNERAL DIRECTOR

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1189
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		MORRIS LEVINE		February 6, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)		
B. FULL NAME OF HOSPITAL OR INSTITUTION			A. STATE		
1715 W. North Avenue			Maryland		
C. Length of stay in Baltimore			C. CITY OR TOWN		
50 yrs.			Baltimore		
D. STREET ADDRESS (If rural, give location)			1715 W. North Avenue		
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. Under 1 Year
male	white	MARRIED	1872	73	Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
Proprietor-Retired		Tailor shop		Russia	
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
Unknown			Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
				Mrs. Max Cohen- 2400 Reisterstown Road	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			CAUSE OF DEATH		
ANTECEDENT CAUSES			INTERVAL BETWEEN ONSET AND DEATH		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			1) Anteriodisruptive Cardiac Vascular disease. 2) Myocardial failure		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			Past 2 mos.		
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
0				YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (a. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
		m.			
22. I hereby certify that I attended the deceased from May, 1935, to Feb. 6, 1952, that I last saw the deceased alive on Feb. 4, 1952 and that death occurred at 12:47 p.m., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
Guthaull Shpirt		3100 Garrison Blvd.		2/6/52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		2/7/52		Hebrew Friendship Cemetery	
24D. LOCATION (City, town, or county)		24E. LOCATION (City, town, or county)		24F. LOCATION (City, town, or county)	
Baltimore, Maryland		Baltimore, Maryland		Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	
FEB 7 - 1952		Huntington Williams, M.D.		Burr - 1124-26 W. North Ave.	
VS 150				935	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 1190**BIRTH NO. **52 1190**1. NAME OF DECEASED
(Type or Print) **Nancy Louise Iman**2. DATE
OF DEATH **2-6-52**3. PLACE OF DEATH:
A. **Baltimore City, Maryland**4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. **STATE** B. **COUNTY**B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
Baltimore City Hospital
4940 Eastern Ave.C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BaltimoreD. STREET ADDRESS (If rural, give location)
1019 Sunwalt Ct. -2c. Length of stay in Baltimore **Life**5. SEX
Female6. COLOR OR RACE
White7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Single8. DATE OF BIRTH
Dec. 5, 19519. AGE (In years last birthday) **2**
If Under 1 Year Months Days
If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Ma.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

James C. Iman14. MOTHER'S MAIDEN NAME
Jessie Crites

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
B. C. H. Records, 4940 Eastern Ave.18. **754.4 I**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Pneumonia**

DUE TO

Life

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Congenital Heart Disease**

DUE TO

Life

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED
WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **12-26-51**, 19**51**, to **Feb. 6**, 19**52**, that I last saw the deceased alive on **Feb. 6**, 19**52**, and that death occurred at **8.10AM.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

4940 Eastern Ave.**2-6-52**24A. BURIAL, CREMATION, REMOVAL (Specify)
BURIAL

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

2/9/52**LAHMANSVILLE, MD****LAHMANSVILLE, W. VA.**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 7 - 1952**Huntington Williams, M.D.****JOHN F. DENNY, INC 715 LIGHT ST.**

VS 150

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RECEIVED MAY 14 1964

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STATE OF TEXAS

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CERTIFICATE OF DEATH

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

SEX

AGE

DATE OF BIRTH

PLACE OF BIRTH

EDUCATION

OCCUPATION

RELIGION

ETHNIC ORIGIN

DATE OF MARRIAGE

NAME OF SPOUSE

DATE OF DIVORCE

NAME OF DIVORCED SPOUSE

DATE OF RE-MARRIAGE

NAME OF RE-MARRIED SPOUSE

DATE OF DEATH OF SPOUSE

NAME OF DECEASED SPOUSE

DATE OF DEATH OF DECEASED SPOUSE

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DATE OF DEATH OF DECEASED SPOUSE

NAME OF DECEASED SPOUSE

DATE OF DEATH OF DECEASED SPOUSE

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1191

Registered No.

52 1191

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SAMUEL BRAUNSTEIN

2. DATE
OF
DEATH

2/6/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

00

3505 Powhattan

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 15-38

D. STREET ADDRESS (If rural, give location)

3505 Powhattan

c. Length of stay in Baltimore

50

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

May. 15-1871

9. AGE (In years last birthday)

80

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Austrian

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Jacob Braunstein

14. MOTHER'S MAIDEN NAME

Rachel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Ruth Michelson 3505 Powhattan

18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Terminal Pneumonia 10 dy

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Chr Endocarditis + Myocarditis

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Hypertrophic atherosclerosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/10/49 to 2/6/52, 1952, that I last saw the deceased alive on 2/6/52, 1952, and that death occurred at 12 P.M., from the causes and on the date stated above.

23A. SIGNATURE

David Dravich

23B. ADDRESS

122 W Lee

23C. DATE SIGNED

2/6/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

3-7-52

Mt Carmel

Baltimore, Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 7 - 1952

Huntington Williams, 2100 Eustace Pl

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 1192250
52 1192
BIRTH NO. 52-01880

1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH <u>January 24, 1952</u>		
3. PLACE OF DEATH: A. <u>Baltimore City, Maryland</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>The Johns Hopkins Hospital</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>27-48</u>		
c. Length of stay in Baltimore Yrs. <u>33</u> Mos. <u>0</u> Days <u>0</u>			D. STREET ADDRESS (If rural, give location) <u>602 Walker Avenue - 12</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>1/24/52</u>	9. AGE (In years last birthday) <u>1</u> Year <u>47</u> Months <u>0</u> Days	10. CITIZEN OF WHAT COUNTRY? <u>1</u> Year <u>47</u> Months <u>0</u> Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>1</u> Year <u>47</u> Months <u>0</u> Days
13. FATHER'S NAME <u>Alfred Lawson</u>			14. MOTHER'S MAIDEN NAME <u>Charlotte Dalton Matthews (487166)</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <u>Hospital Records</u>		
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <u>776x I</u> <u>Prematurity</u>			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(A) DUE TO (B) DUE TO (C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Jan. 24</u> , 1952 to <u>Jan. 24</u> , 1952, that I last saw the deceased alive on <u>Jan. 24</u> , 1952, and that death occurred at <u>7.50P</u> m., from the causes and on the date stated above.					
23A. SIGNATURE <u>Wm. H. Busby</u>		23B. ADDRESS <u>The Johns Hopkins Hospital</u>		23C. DATE SIGNED <u>1/28/52</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY <u>Harp Cemetery</u>	
24D. LOCATION (City, town, or county)		24E. DATE RECEIVED BY LOCAL REGISTRAR <u>FEB 7 - 1952</u>		24F. REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>	
25. FUNERAL DIRECTOR		25A. ADDRESS		25B. ADDRESS	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **52 1193**

52 1193
BIRTH NO. **52-01885**

1. NAME OF DECEASED (Type or Print) Baby Boy Harris			2. DATE OF DEATH January 23, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION The Johns Hopkins Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 2448 Brentwood Avenue - 18		
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 1/23/52		9. AGE (In years last birthday) 4 Months _____ Days _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant			10B. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Maryland
13. FATHER'S NAME Henry Edward			14. MOTHER'S MAIDEN NAME Sylvia Turner (281795)		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. _____	17. INFORMANT ADDRESS Hospital Records		
18. 776x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Prematurity (A) _____ DUE TO _____ (B) _____ DUE TO _____ (C) _____ ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION _____		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from Jan. 23, 1952 , to Jan. 23, 1952 , that I last saw the deceased alive on Jan. 23, 1952 , and that death occurred at 10.30 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE <i>Wm. B. Lewis</i>		23B. ADDRESS M. D. The Johns Hopkins Hospital		23C. DATE SIGNED 1/28/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) _____		24B. DATE _____		24C. NAME OF CEMETERY OR CREMATORY Hosp. Deafness	
24D. LOCATION (City, town, or county) _____		24E. DATE RECEIVED BY LOCAL REGISTRAR FEB 7 - 1952		25. FUNERAL DIRECTOR Huntington Williams, M.D.	

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 1194**BIRTH NO. **52-04711**1. NAME OF DECEASED
(Type or Print) **Harry Lee
Baby Boy Ewing**2. DATE
OF
DEATH **1-30-52**3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland** B. COUNTYB. FULL NAME OF
HOSPITAL OR
INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore**Union Memorial Hospital**D. STREET ADDRESS (If rural, give location)
3111 Elm Ave.c. Length of stay in Baltimore **newborn**Yrs.
Mos.
Days5. SEX **M**6. COLOR OR RACE **W**7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify) **S**8. DATE OF BIRTH **1-30-52**9. AGE (in years
last birthday)10. Under 1 Year
Months: Days11. Under 24 hours
Hours: Min: **5**10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
newborn10B. KIND OF BUSINESS OR
INDUSTRY11. BIRTHPLACE (State or foreign country)
Maryland12. CITIZEN OF
WHAT COUNTRY?13. FATHER'S NAME
James14. MOTHER'S MAIDEN NAME
Marothy Mae Ewing15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
no16. SOCIAL
SECURITY NO.17. INFORMANT
Hospital records. ADDRESS18. **759.3.1**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Atelectasis**Unknown**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Bilateral diaphragmatic hernia**Unknown**

DUE TO

(C)

Congenital deformity**Unknown**

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.19A. DATE OF OPERATION
None19B. MAJOR FINDINGS OF OPERATION
None20. AUTOPSY?
YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **1-30-1952** to **1-30-1952**, that I last saw the
deceased alive on **1-30-1952**, and that death occurred at **6:15 A.M.**, from the causes and on the date stated above.23A. SIGNATURE
Albert H. Dudley, Jr.23B. ADDRESS
Union Memorial Hospital23C. DATE SIGNED
2/2/5224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

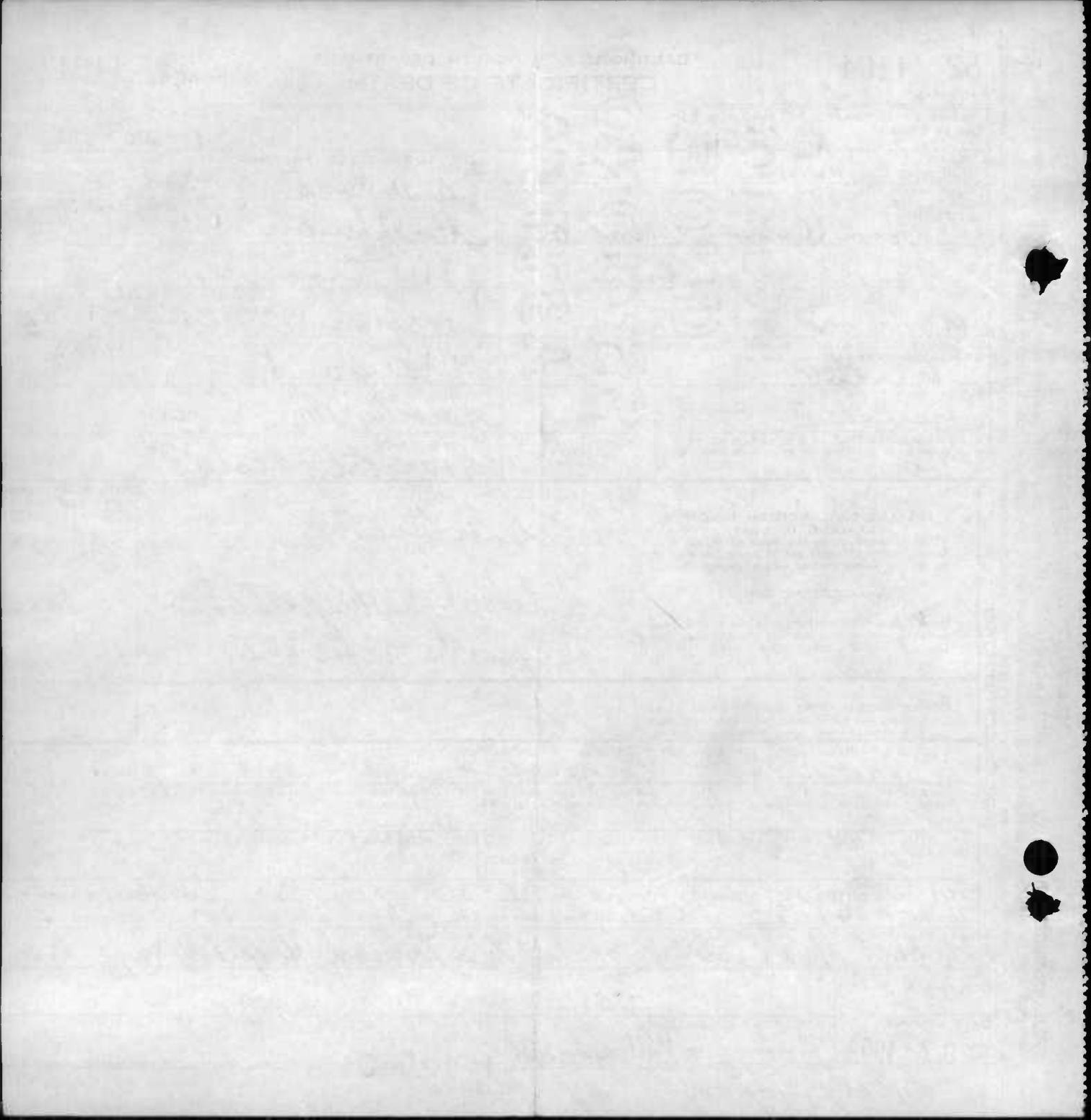
24C. NAME OF CEMETERY, OR CREMATORY
Hope Cemetery

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR
FEB 7 - 1952REGISTRAR'S SIGNATURE
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS



CERTIFICATE CORRECTED 2/21/52 ES
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1195

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

RHEA GUNDERSHEIMER

2. DATE
OF
DEATH

2/5/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

B. COUNTY

before admission)

MARYLAND

5. FULL NAME OF
HOSPITAL OR
INSTITUTION

Sinai Hosp.

C. CITY OR TOWN (If outside corporate limits, write FULL name and give township)

BALTO. -17

13-01

D. STREET ADDRESS (If rural, give location)

RIVIERA APTS. 4A

c. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

1/11/86

9. AGE (In years
last birthday)

64

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Clerk

10B. KIND OF BUSINESS OR
INDUSTRY

Employment

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U. S.

13. FATHER'S NAME

Benjamin Gundersheimer

14. MOTHER'S MAIDEN NAME

Hannah Rice

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

218-01-0325

17. INFORMANT

Felix Gundersheimer-

ADDRESS
Ingram Hall

18.

153X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

GENERALIZED CARCINOMATOSIS

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Ca of Hepatic flexure, large bowel

DUE TO

c metastasis to liver, both ovaries
and utero sacral ligaments

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/16, 1951 to 2/5, 1952, that I last saw the
deceased alive on 2/5, 1952, and that death occurred at 9:20 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Solomon Cohen

M. D.

23B. ADDRESS:

Sinai Hosp

23C. DATE SIGNED

2/5/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

burial

Feb 7, 1952

Baltimore Hebrew

Baltimore md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 7 - 1952

Huntington Williams, M.D.

David R Martin

VS 150

DAVID R MARTIN

902 Euta W PL.

46E

See Document File 52-1195
2/21/52 ES

D-500
52 1196BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1196

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Christopher Dunn

2. DATE
OF
DEATH

Feb. 5-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

282 Herring Court

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Md.
Balto.

D. STREET ADDRESS (If rural, give location)

282 Herring Court

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED, (Specify)

Married

8. DATE OF BIRTH

Aug. 20-1884

9. Age (In years
last birthday)

67

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR
INDUSTRY

Produce

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Christopher C. Dunn

14. MOTHER'S MAIDEN NAME

Matilda Esen

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Mary Dunn 282 Herring Court

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A)

Diabetic Coma

DUE TO

(B)

Diabetes Mellitus

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

2/4/52

1/1942

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1951, to Jan 1, 1952, that I last saw the
deceased alive on Jan 1, 1952, and that death occurred at 5:40 m., from the causes and on the date stated above.

23. SIGNATURE

William J. Ryderson

M. D.

23B. ADDRESS

8014 Kenwood A

23C. DATE SIGNED

2/6/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 9/52

24C. NAME OF CEMETERY OR CREMATORY

Balto. Cem.

24D. LOCATION (City, town, or county)

Balto.

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 7 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

John H. Miller

ADDRESS

2304 Jefferson St.

VS 150

490 63

61

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

On 11/19/90

COMPTROLLER OF DEATH

COMPTROLLER OF DEATH

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COMPTROLLER OF DEATH

COMPTROLLER OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1197

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

DAISY MAE

Stubbs

2. DATE
OF
DEATHFebruary 7
1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

2607 WILKENS AVE

C. CITY OR TOWN (If outside corporate limits, write RURAL and give

BALTIMORE

20-05

township)

D. STREET ADDRESS (If rural, give location)

2607 WILKENS AVENUE

c. Length of stay in Baltimore

58

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
WIDOWED10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

own home

13. FATHER'S NAME

CHARLES F. REEDER

8. DATE OF BIRTH

November 25
18949. AGE (In years
last birthday)

57 58

11 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

LUCINDA BAIN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

NO

16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT

ADDRESS

MRS. MILTON LANG, 3907 W. Mulberry

18.

175X 1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) Metastatic CARCINOMA OF
BOWEL, OMENTUM AND
PERITONEUM

8 Months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Bilateral CARCINOMA
OF OVARIES

unknown

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

July 29, 1951

19B. MAJOR FINDINGS OF OPERATION

Bilateral CARCINOMA BOTH OVARIES with Metas-
tases

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from July 14, 1951, to February 7, 1952, that I last saw the
deceased alive on February 6, 1952, and that death occurred at 12:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Melvin H. Borden

M. O.

23B. ADDRESS

5000 Old Frederick Road

23C. DATE SIGNED

2/7/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

2-9-1952

24C. NAME OF CEMETERY OR CREMATORY

Baltimore National

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 7 - 1952

Huntington Williams, Jr.

Hoff C. Walters

3512 Frederick and
49a

PLEASE WRITE PROMPTLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-200
52 1198

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 52 1198

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Leslie Ellacott Boase		Feb 2, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
B. FULL NAME OF (If not in hospital or institution, give street address or location) U.S. Public Health Service Hospital		A. STATE California	
C. LENGTH OF STAY IN BALTIMORE -		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gardena V-04	
D. STREET ADDRESS (If rural, give location) 15341 Ardath Ave		E. DATE OF BIRTH Aug 28, 1904	
F. SEX M		G. AGE (In years last birthday) 47	
H. COLOR OR RACE W		I. UNDER 1 YEAR Months: Days	
J. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single		K. UNDER 24 HOURS Hours: Min.	
L. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ship's Master		M. KIND OF BUSINESS OR INDUSTRY Shipping	
N. BIRTHPLACE (State or foreign country) California		O. CITIZEN OF WHAT COUNTRY? U.S.	
P. FATHER'S NAME Charles Boase		Q. MOTHER'S MAIDEN NAME Mary Ellacott	
R. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		S. SOCIAL SECURITY NO. UNK	
T. INFORMANT Deceased		U. ADDRESS	

CERTIFICATION	18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) Coronary arteriosclerosis with Occlusion and Myocardial Infarction	INTERVAL BETWEEN ONSET AND DEATH UNK
	ANTECEDENT CAUSES	(B)	
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO	
		(C)	
	II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

MEDICAL	19a. DATE OF OPERATION <u>2/</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
	21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Feb 1, 1952 to Feb 2, 1952, that I last saw the deceased alive on Feb 2, 1952 and that death occurred at 12:40 Am., from the causes and on the date stated above.

23A. SIGNATURE <i>L T McClintock</i>	23B. ADDRESS M. D. <i>U.S. PHS Hospital, Baltimore</i>	23C. DATE SIGNED <i>Feb 3, 1952</i>
---	---	--

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county)	(State)
cremation	Feb 8/52	Grove Mount	Baltimore	Md
DATE RECEIVED BY	REGISTRAR'S SIGNATURE	L-25 FUNERAL DIRECTOR'S		ADDRESS

DATE RECEIVED BY LOCAL REGISTRAR **FEB 7 - 1952** REGISTRAR'S SIGNATURE *Huntington Williams, Jr.* 25. FUNERAL DIRECTOR *Lawrence P. Ball* ADDRESS

VS 150

24055

94a

Basile Elliott House

California
Gardens
12541 Highway 100

U.S. Public Health
Service Hospital

Aug 28, 1904

M W single

California
Mary Elliott
Deceased

Ship's Master / Shipping
Charles Boase
No

Commonly after-mentioned with
Oculus and High School

Feb 1 1909

Feb 2 25

U.S. Public Health Service Hospital

U.S. Public Health Service Hospital

52 1199

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1199

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Emma Willis Paul

2. DATE
OF
DEATH

Feb 5/54

3. PLACE OF DEATH:

A. Baltimore City, Maryland

2219 Sulgrave

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

at home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

2219 Sulgrave Ave

c. Length of stay in Baltimore

Life

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

10. Under 1 Year

11. Under 24 Hours

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR INDUSTRY

none

11. BIRTHPLACE (State or foreign country)

Balt. Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Littleton C. Willis

14. MOTHER'S MAIDEN NAME

Virginia Forman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

16. SOCIAL SECURITY NO.

no

17. INFORMANT

ADDRESS 2219

Mrs Ethel P. Redgum (sister) Sulgrave

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

myocardial infarction

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

coronary thrombosis

(C) DUE TO

arteriosclerosis

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1943 to Feb 5, 1952, that I last saw the deceased alive on Feb 5, 1952 and that death occurred at 3.50 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Paul E. Carlsner

M. D.

23B. ADDRESS

2217 South Road

23C. DATE SIGNED

2/6/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 7 - 1952

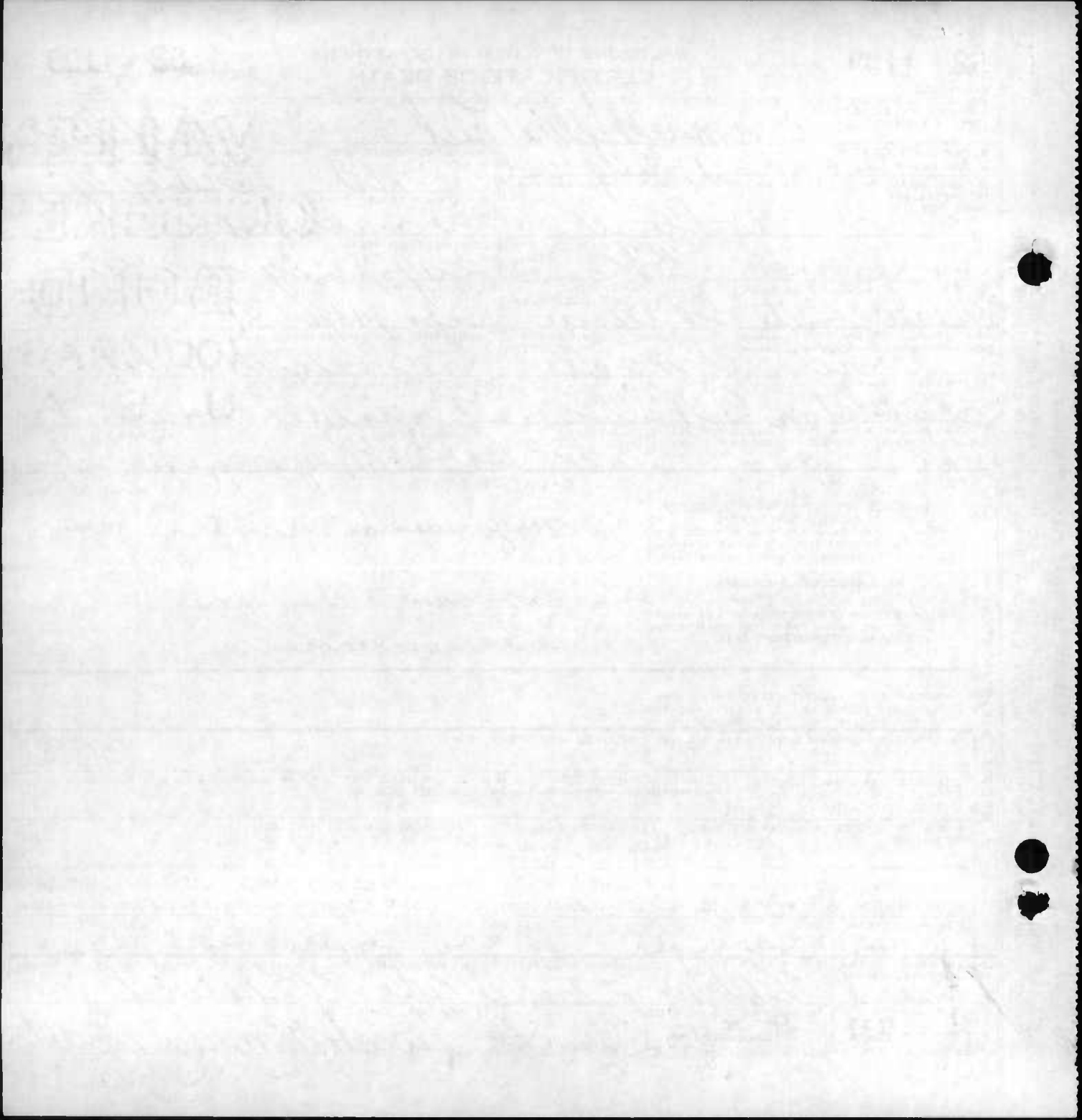
Huntington Williams, M.D.

Stewart Thomas, M.D.

Balt.

VS 150

94a



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. ⁵² 1200BIRTH NO. ⁵² 1200
49-16168

1. NAME OF DECEASED (Type or Print) KATHLEEN MARIE BURKINDINE			2. DATE OF DEATH 2-5-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 8-07		
B. FULL NAME OF HOSPITAL OR INSTITUTION 41 St. Joseph's Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore.		
c. Length of stay in Baltimore life			D. STREET ADDRESS (If rural, give location) 1218 N. Chester Street - 13		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Aug. 6, 1949	9. AGE (In years last birthday) 2	If Under 1 Year: Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Milton Burkindine			14. MOTHER'S MAIDEN NAME Marie Cammarata		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Milton Burkindine, 1218 N. Chester St.		
18. 473 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) meningitis - type undetermined. DUE TO (A)			INTERVAL BETWEEN ONSET AND DEATH 20 hours		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUTION LAST. acute tonsillitis DUE TO (B)					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. II					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2-5- , 1952, to 2-5- , 1952 that I last saw the deceased alive on 2-5- , 1952, and that death occurred at 11:50 pm. , from the causes and on the date stated above.					
23A. SIGNATURE E. P. Offay Jr.		23B. ADDRESS 1400 N. Caroline Street - 13		23C. DATE SIGNED 2-5-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Feb. 8/52		24C. NAME OF CEMETERY OR CREMATORY St. Johns Cem. Kingsville, Md.	
DATE RECEIVED BY LOCAL REGISTRAR FEB 7 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS 4101 Edmondson Ave	

0051 52

0051 52

1-1



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

52 1201

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) **LORETTA BEATRICE GROSKOPF**

2. DATE OF DEATH **Feb. 5, 1952**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland** B. COUNTY _____

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
3408 E. Baltimore St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

c. Length of stay in Baltimore **Life** Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location)
3408 E. Baltimore Street

5. SEX **F** 6. COLOR OR RACE **W** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **Single**

8. DATE OF BIRTH **April 5, 1923** 9. AGE (In years, last birthday) **28** If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **clerk** 10B. KIND OF BUSINESS OR INDUSTRY **Meat Packing Co.**

11. BIRTHPLACE (State or foreign country) **Baltimore, Md.** 12. CITIZEN OF WHAT COUNTRY? **USA**

13. FATHER'S NAME
George J. Groskopf

14. MOTHER'S MAIDEN NAME
Katherine Krepp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) **no** (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. **215-14-5306**

17. INFORMANT **3408 E. Baltimore Street Mr. George Groskopf**

18. **002X**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) **PULMONARY TUBERCULOSIS** 3 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION **0** 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **July 1950**, to **February 5, 1952**, that I last saw the deceased alive on **1/2**, 1952, and that death occurred at **10:10 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE

John H. Henschfeld M.D.

23B. ADDRESS

6919 Harford Road

23C. DATE SIGNED

2/5/52

24A. BURIAL, CREMATION, REMOVAL (Specify) **burial**

24B. DATE

2/8/52

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cemetery

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.

ADDRESS

BALTO., 132 MD.

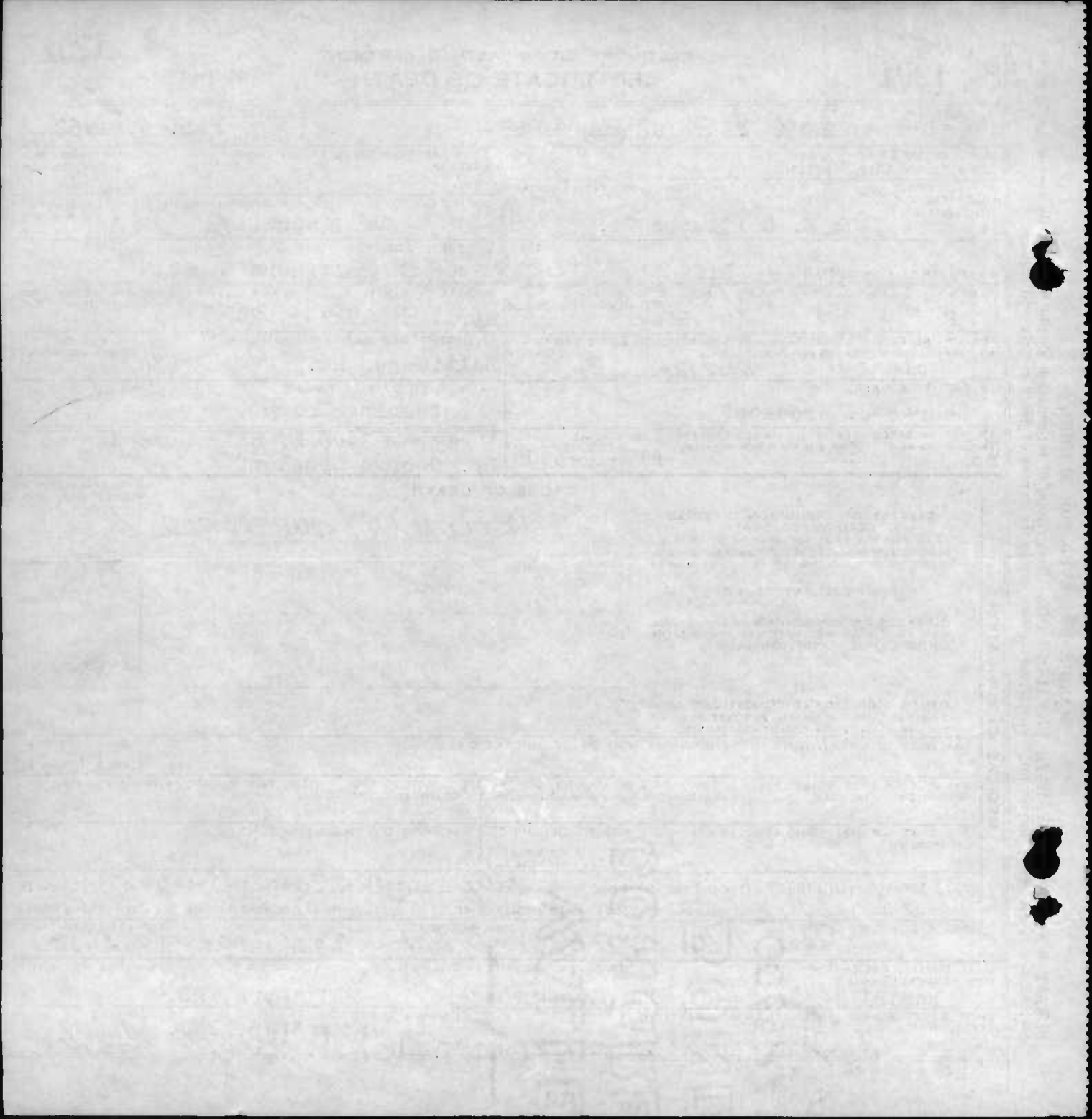
FEB 7 1952

39040

13B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **52 1202**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

AGNES BECK

2. DATE OF DEATH

Feb. 4, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE **Maryland**

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Melchoir Nursing Home
2327 N. Charles Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2103 E. Jefferson St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Dec. 18, 1882

9. AGE (In years, last birthday)

69

10 Under 1 Year
Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Pa.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

John McKuen

14. MOTHER'S MAIDEN NAME

Elizabeth MacAfee

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.
216-03-2838

17. INFORMANT ADDRESS
Mr. Louis B. Weller 3407 Parkside Dr.

18.

450.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Valvular Heart disease
Arterio Sclerosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **May**, 1951, to **Feb. 4**, 1952; that I last saw the deceased alive on **Feb. 3**, 1952, and that death occurred at **2 P** m., from the causes and on the date stated above.

23A. SIGNATURE

Robert Fisher

M. D.

23B. ADDRESS

1823 W. Maple St.

23C. DATE SIGNED

2/5/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/7/52

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

FEB 7 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams M.D.

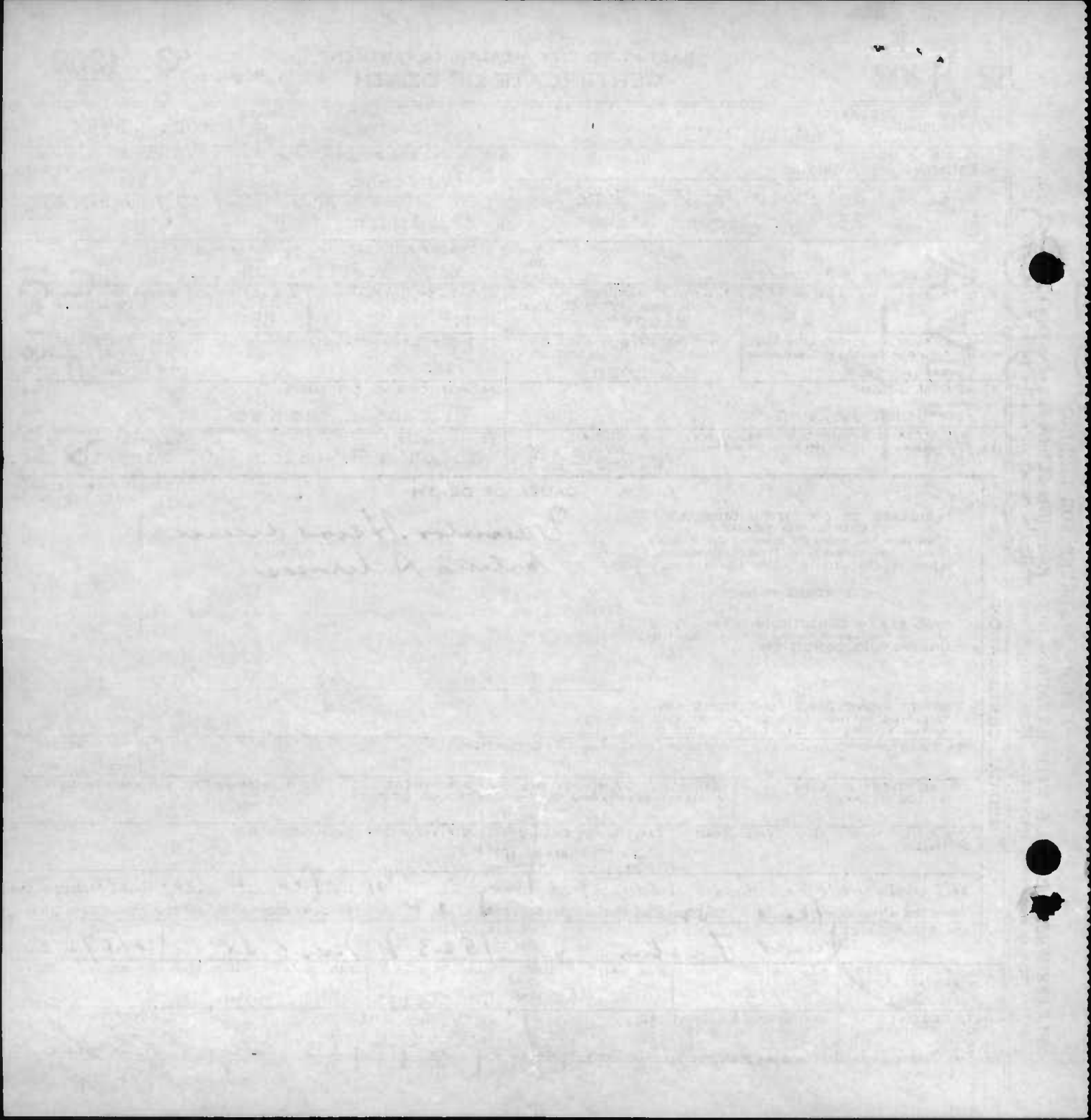
25. FUNERAL DIRECTOR

H. SANDER & SONS

Baltimore, Md.

ADDRESS

13, N. Sep 1, 1951



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 1203**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EMILY L. KAIN

2. DATE
OF
DEATH

2/5/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Ind.

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

3702 Chippen Rd.

C. CITY OR TOWN (If outside corporate limits, write R.R. and give township)

Balto

D. STREET ADDRESS (If rural, give location)

3702 Chippen Rd.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Nov. 11, 1873

9. AGE (In years last birthday)

78

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

—

11. BIRTHPLACE (State or foreign country)

—

12. CITIZEN OF WHAT COUNTRY?

—

13. FATHER'S NAME

Walter L. Burke

14. MOTHER'S MAIDEN NAME

Catherine E.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

—

16. SOCIAL SECURITY NO.

—

17. INFORMANT

ADDRESS

18.

420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

6 Hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Coronary A. Dis.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Feb. 5, 1952** to **Feb. 5, 1952**, that I last saw the deceased alive on **Feb. 5, 1952**, and that death occurred at **8:30 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE

Edward H. Glassman

23B. ADDRESS

4037 Falls Rd.

23C. DATE SIGNED

2/6/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/8/52

24C. NAME OF CEMETERY OR CREMATORY

Baltimore

24D. LOCATION (City, town, or county)

North & Gay

ADDRESS

DATE RECEIVED BY LOCAL REGISTRAR

FEB 7 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Paul E. Schenck, Jr. 3615 N. Chestnut Ave.

VS 150

94a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

COMPTON

AVTSA

10-11-52

10-11-52

10-11-52

10-11-52

10-11-52

10-11-52

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1204

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

REBA A DUTTON

2. DATE
OF DEATH February 5, 19523. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE Md. B. COUNTY before admission)B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR INSTITUTION location)

Baltimore City Hospitals

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township)

c. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)

1916 W. Mosher St.

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

7-21-1909

9. AGE (In years
last birthday)

42

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Nurses Aid

10B. KIND OF BUSINESS OR
INDUSTRY

Mercy Hosp.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Oscar Dutton

14. MOTHER'S MAIDEN NAME

Bertha Maddox

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Bertha Hopkins 1916 W. Mosher St

18.

443 X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hypertensive cardiovascular disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry hereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

R. F. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☐
MEDICAL INVESTIGATOR.....☐23C. DATE SIGNED
Feb. 5, 195224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 7 - 1952

Huntington Williams, Jr.

Joseph S. Rocks, Jr. 1304 N. Central Ave

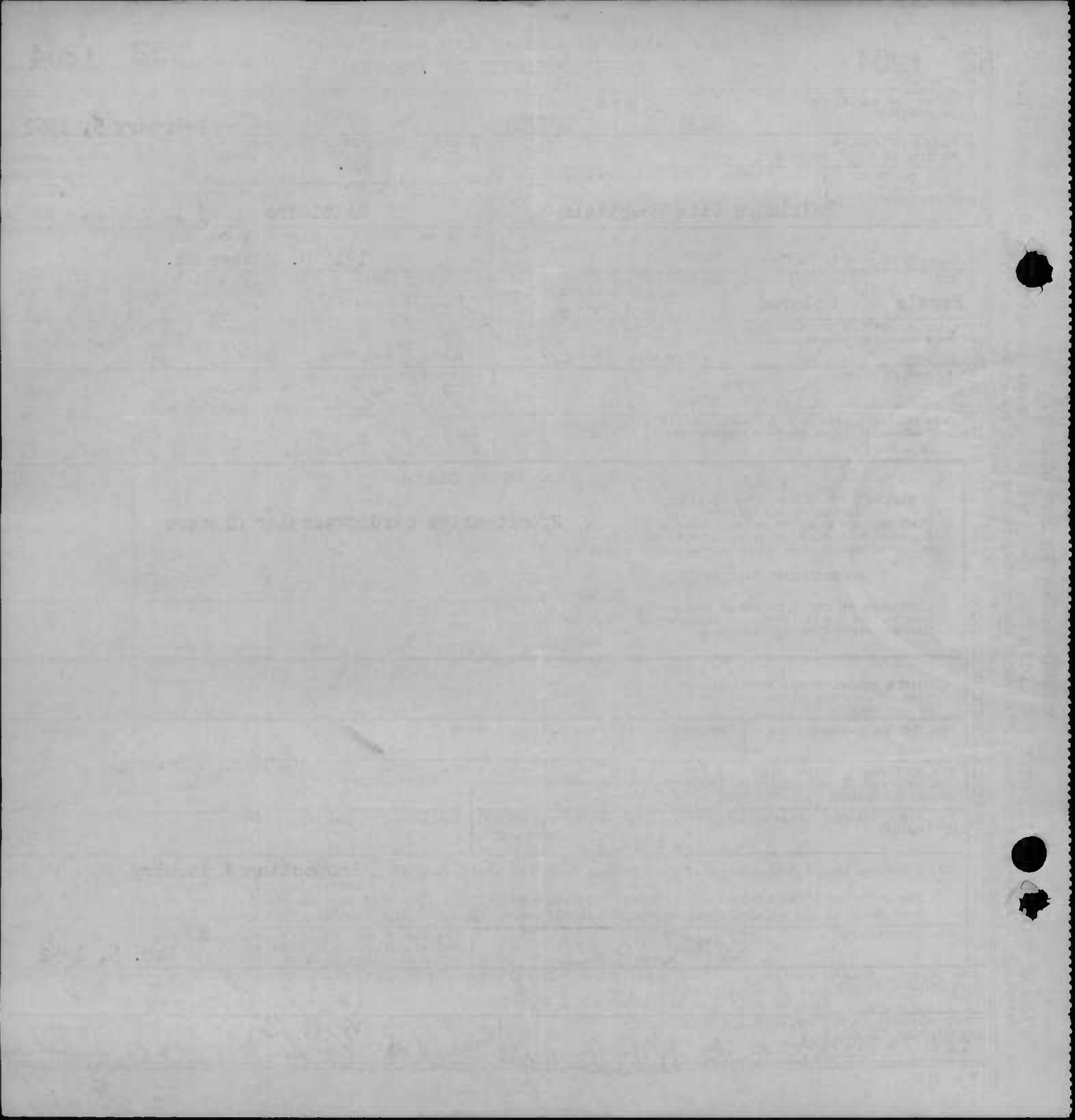
V S 151

730 8T

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PROMPTLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



CERTIFICATE CORRECTED 2-7-52

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 52 1205

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Sally Richardson

2. DATE
OF
DEATH

2-5-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Md.

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTIONBaltimore City Hospitals (Location)
4940 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1416 Madison St. -2

c. Length of stay in Baltimore

3 yrs.

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
Wid.

8. DATE OF BIRTH 1899

Aug. 7, 1897

9. AGE (In years last birthday)

54 52

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

N.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Henry Smith

14. MOTHER'S MAIDEN NAME

Mona Hooker

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

B. C. H. Records, 4940 Eastern Ave.

18.

002 X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Far advanced bilateral fibrocus tuberculosis with cavitation

5 Yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Fatty Metamorphosis of Liver

?

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 25, 1952, to Feb. 5, 1952 that I last saw the deceased alive on Feb. 5, 1952, and that death occurred at 3AM m., from the causes and on the date stated above.

23A. SIGNATURE

J. P. Rogers

M. D.

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED

2-5-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2-8-52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary

24D. LOCATION (City, town, or county)

D. C. County, Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

FEB 7 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

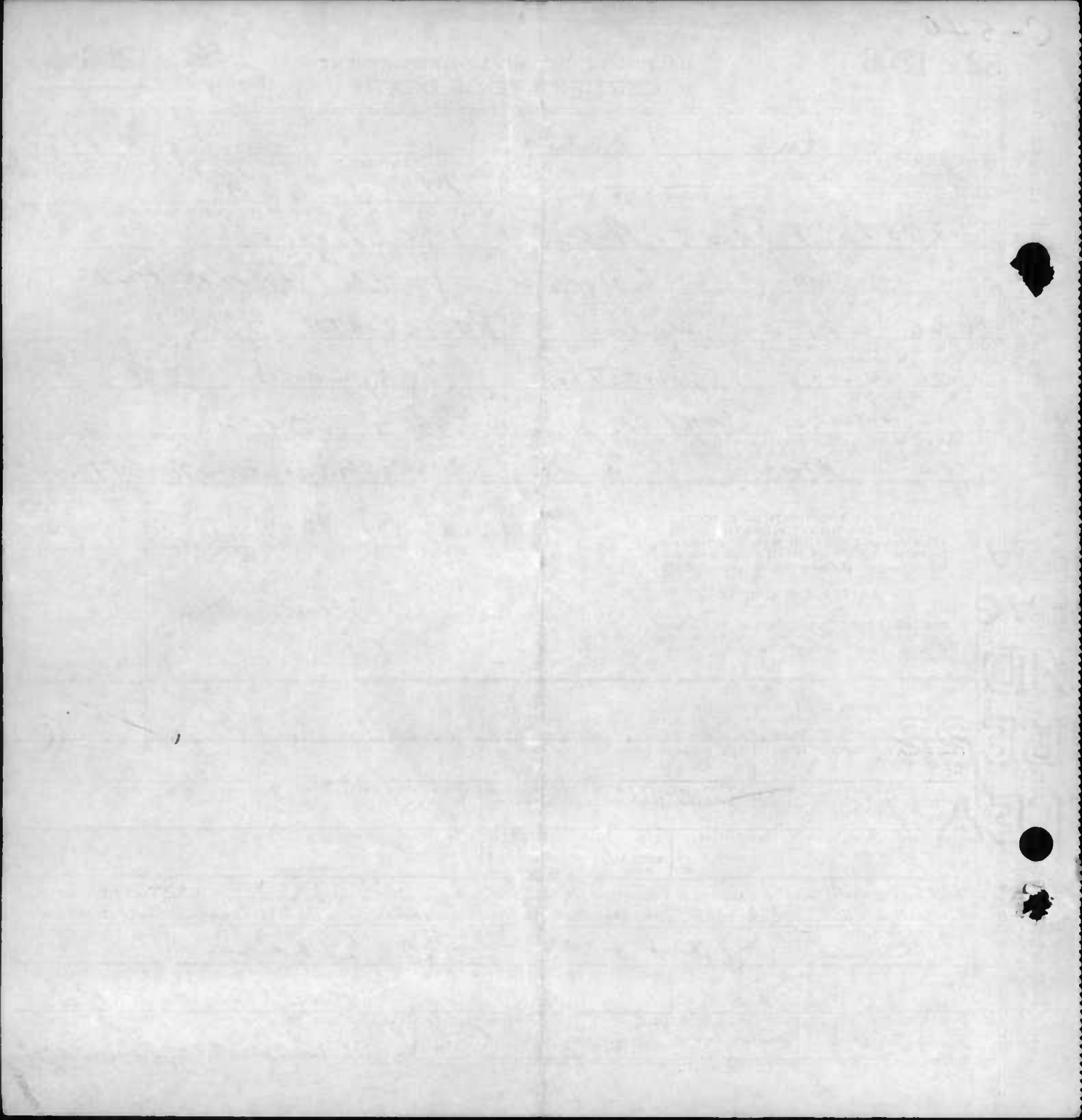
25. FUNERAL DIRECTOR

Joseph B. B. Jr. 130 x h. Central

ADDRESS

C-540
52 1206BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1206
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Annie Connelly		2. DATE OF DEATH FEB 7 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) 2707 OTTAWA AVE		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 25-52		D. STREET ADDRESS (If rural, give location) 2707 OTTAWA AVE	
c. Length of stay in Baltimore 6 Yrs.		8. DATE OF BIRTH DEC 28 1872		9. AGE (In years last birthday) 79	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? U.S.A.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10B. KIND OF BUSINESS OR INDUSTRY DOMESTIC		13. FATHER'S NAME SAMUEL CARTER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT BLANCHE ARNOLD	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH Diabetes Mellitus		INTERVAL BETWEEN ONSET AND DEATH 10 years	
ANTECEDENT CAUSES		(B) Interlocking			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 15, 1951 , to Feb 7, 1952 , that I last saw the deceased alive on Feb 6, 1952 , and that death occurred at 7:40 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE Rene J. Glaser		23B. ADDRESS 2230 N. Charles		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 2-11-52		24C. NAME OF CEMETERY OR CREMATORY LONDON PARK	
24D. LOCATION (City, town, or county) (State) BALTIMORE, MD		24E. DATE RECEIVED BY LOCAL REGISTRAR FEB 7-1952		24F. REGISTRAR'S SIGNATURE Huntington Williams, MD	
24G. FUNERAL DIRECTOR Geo. K. Schwab		24H. ADDRESS 2101 Frederick Ave.			



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 1207

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN J. TYDINGS

2. DATE
OF
DEATH

February 6, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence
before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

Lutheran Hospital of Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give
township)

Balto.

D. STREET ADDRESS (If rural, give location)

6027 Montgomery Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED, (Specify)

Married

8. DATE OF BIRTH

3/26/02

9. AGE (In years
last birthday)

49

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Lunch Construction Co

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Wm Tydings

14. MOTHER'S MAIDEN NAME

Annie Curran

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Genie Tydings 6072 Montgomery Ave
Catonsville

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Arteriosclerotic Cardiovascular
Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT

Diabetes Mellitus

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

J. H. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☐
MEDICAL INVESTIGATOR.....☐23C. DATE SIGNED
Feb. 6, 195224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

2/9/52

24C. NAME OF CEMETERY OR CREMATORY

Lorraine

24D. LOCATION (City, town, or county) (State)

Balto. Co. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington, Williams, M.D.

25. FUNERAL DIRECTOR

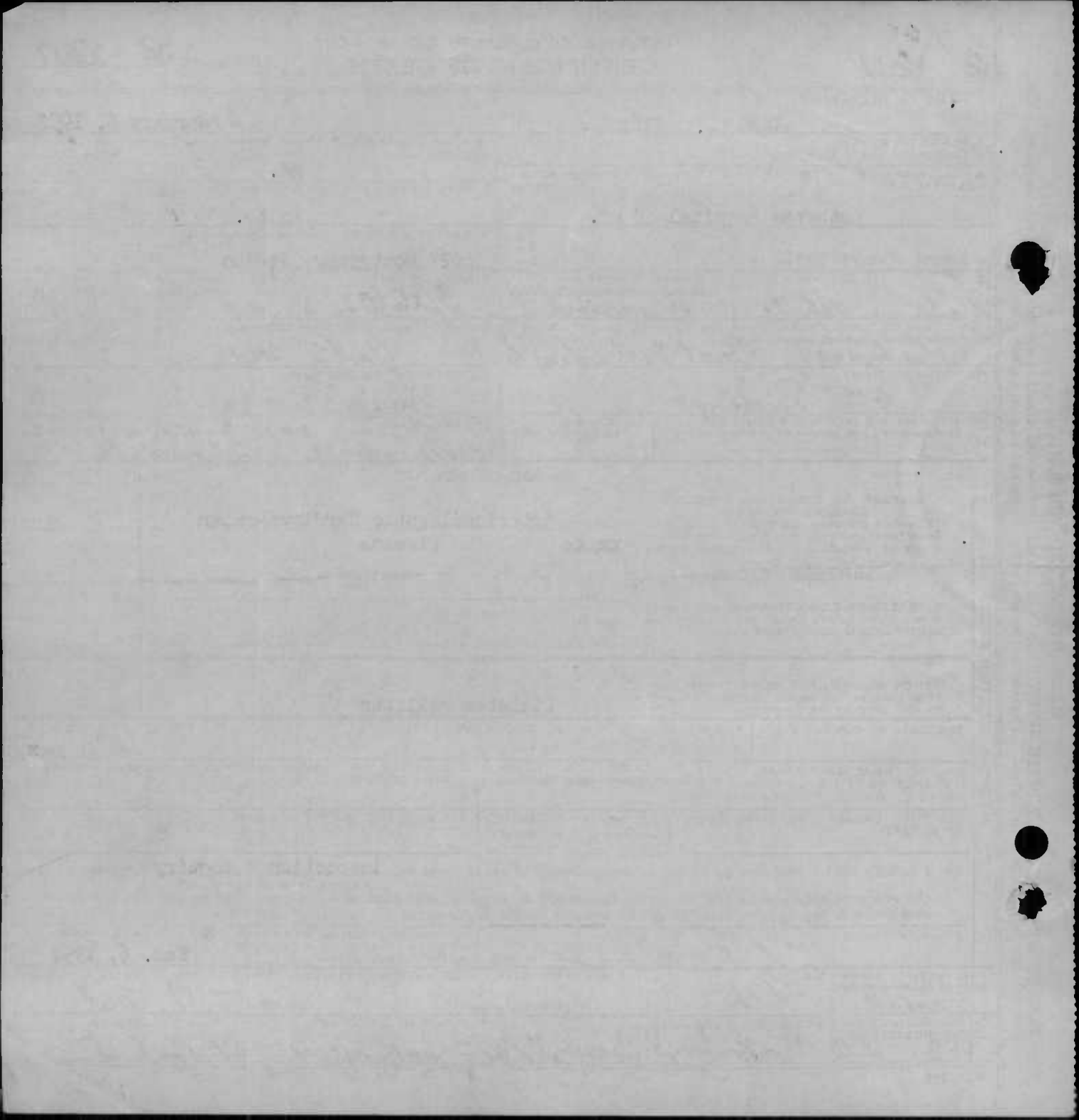
ADDRESS

Cook Inc. 1217 St. Paul st.

VS 151

97024

61



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*Helma Dunn*2. DATE
OF
DEATH*Feb 6, 1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

*MD*B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION*38 Univ Hosp.*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

*Baltimore**4-02*

D. STREET ADDRESS (If rural, give location)

606 W. Lexington St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

*W*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*M*

8. DATE OF BIRTH

July 15, 1896

9. AGE (In years last birthday)

*55*10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Own home

11. BIRTHPLACE (State or foreign country)

*Virginia*12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

*?*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Edward Dunn, 606 W. Lexington St.

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

*Cardiac failure shock*INTERVAL BETWEEN
ONSET AND DEATH*6 hrs.*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertensive cardiovascular disease 10 yrs.

(C)

11
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.*CNS lues*

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Feb 5*, 19*52*, to *Feb 6*, 19*52*, that I last saw the deceased alive on *Feb. 6*, 19*52* and that death occurred at *5:20 p.* m., from the causes and on the date stated above.

23A. SIGNATURE

Robert A. Moore Jr.

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

*Feb 6*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)*Burial*

24B. DATE

2/9/52

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge

24D. LOCATION (City, town, or county)

Pikesville Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR*FEB 7-1952*

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

St. M. Cook, Inc., 1217 St. Paul St.

CERTIFICATE OF DEATH

FILE NO.

1. NAME OF DECEASED		2. SEX		3. AGE		4. DATE OF DEATH	
5. PLACE OF DEATH		6. CAUSE OF DEATH		7. MANNER OF DEATH		8. SIGNATURE OF DECEASED	
9. SIGNATURE OF WITNESSES		10. SIGNATURE OF PHYSICIAN		11. SIGNATURE OF CORONER		12. SIGNATURE OF JURY	
13. SIGNATURE OF DECEASED		14. SIGNATURE OF WITNESSES		15. SIGNATURE OF PHYSICIAN		16. SIGNATURE OF CORONER	
17. SIGNATURE OF DECEASED		18. SIGNATURE OF WITNESSES		19. SIGNATURE OF PHYSICIAN		20. SIGNATURE OF CORONER	
21. SIGNATURE OF DECEASED		22. SIGNATURE OF WITNESSES		23. SIGNATURE OF PHYSICIAN		24. SIGNATURE OF CORONER	
25. SIGNATURE OF DECEASED		26. SIGNATURE OF WITNESSES		27. SIGNATURE OF PHYSICIAN		28. SIGNATURE OF CORONER	
29. SIGNATURE OF DECEASED		30. SIGNATURE OF WITNESSES		31. SIGNATURE OF PHYSICIAN		32. SIGNATURE OF CORONER	
33. SIGNATURE OF DECEASED		34. SIGNATURE OF WITNESSES		35. SIGNATURE OF PHYSICIAN		36. SIGNATURE OF CORONER	
37. SIGNATURE OF DECEASED		38. SIGNATURE OF WITNESSES		39. SIGNATURE OF PHYSICIAN		40. SIGNATURE OF CORONER	
41. SIGNATURE OF DECEASED		42. SIGNATURE OF WITNESSES		43. SIGNATURE OF PHYSICIAN		44. SIGNATURE OF CORONER	
45. SIGNATURE OF DECEASED		46. SIGNATURE OF WITNESSES		47. SIGNATURE OF PHYSICIAN		48. SIGNATURE OF CORONER	
49. SIGNATURE OF DECEASED		50. SIGNATURE OF WITNESSES		51. SIGNATURE OF PHYSICIAN		52. SIGNATURE OF CORONER	
53. SIGNATURE OF DECEASED		54. SIGNATURE OF WITNESSES		55. SIGNATURE OF PHYSICIAN		56. SIGNATURE OF CORONER	
57. SIGNATURE OF DECEASED		58. SIGNATURE OF WITNESSES		59. SIGNATURE OF PHYSICIAN		60. SIGNATURE OF CORONER	
61. SIGNATURE OF DECEASED		62. SIGNATURE OF WITNESSES		63. SIGNATURE OF PHYSICIAN		64. SIGNATURE OF CORONER	
65. SIGNATURE OF DECEASED		66. SIGNATURE OF WITNESSES		67. SIGNATURE OF PHYSICIAN		68. SIGNATURE OF CORONER	
69. SIGNATURE OF DECEASED		70. SIGNATURE OF WITNESSES		71. SIGNATURE OF PHYSICIAN		72. SIGNATURE OF CORONER	
73. SIGNATURE OF DECEASED		74. SIGNATURE OF WITNESSES		75. SIGNATURE OF PHYSICIAN		76. SIGNATURE OF CORONER	
77. SIGNATURE OF DECEASED		78. SIGNATURE OF WITNESSES		79. SIGNATURE OF PHYSICIAN		80. SIGNATURE OF CORONER	
81. SIGNATURE OF DECEASED		82. SIGNATURE OF WITNESSES		83. SIGNATURE OF PHYSICIAN		84. SIGNATURE OF CORONER	
85. SIGNATURE OF DECEASED		86. SIGNATURE OF WITNESSES		87. SIGNATURE OF PHYSICIAN		88. SIGNATURE OF CORONER	
89. SIGNATURE OF DECEASED		90. SIGNATURE OF WITNESSES		91. SIGNATURE OF PHYSICIAN		92. SIGNATURE OF CORONER	
93. SIGNATURE OF DECEASED		94. SIGNATURE OF WITNESSES		95. SIGNATURE OF PHYSICIAN		96. SIGNATURE OF CORONER	
97. SIGNATURE OF DECEASED		98. SIGNATURE OF WITNESSES		99. SIGNATURE OF PHYSICIAN		100. SIGNATURE OF CORONER	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 52 1209

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Martha Richardson Perkins

2. DATE OF DEATH February 6, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

2703 St. Paul Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

2703 St. Paul Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Jan. 28, 1870

9. AGE (in years last birthday)

82

10. Under 1 Year 11 Under 24 Hours
Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

New Kent County, Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Pryor Richardson

14. MOTHER'S MAIDEN NAME

America Christian

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Carter R. Perkins, Easton, Maryland

18.

443X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Jan 5, 1948, to Feb 5, 1952, that I last saw the deceased alive on Feb 5, 1952, and that death occurred at 2:30 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

2/8/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cemetery

24D. LOCATION (City, town, or county)

Baltimore,

Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 7 - 1952

Huntington Williams, M.D.

Wm. Cook, Jr.,

1217 St. Paul Street

VS 150

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

PLANT INDUSTRY

PLANT INDUSTRY

PLANT INDUSTRY

PLANT INDUSTRY

PLANT INDUSTRY

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PLANT INDUSTRY

PLANT INDUSTRY

PLANT INDUSTRY

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **52 1210**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**SHOLLENBERGER Amelia**2. DATE
OF
DEATH**7-6-52**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

5440 Belair Rd

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

Md.

B. COUNTY

Balto.B. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

Gardenville Nursing Home

C. CITY OR TOWN

(If outside corporate limits, write FULL name and give township)

Balto. 22-02

D. STREET ADDRESS (If rural, give location)

645 Portland St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**Widowed**

8. DATE OF BIRTH

29. AGE (in years
last birthday)**83**10 Under 1 Year
Months; Days11 Under 24 Hours
Hours; Min.10A. USUAL OCCUPATION (Give kind of
work done during last year, if none, even if retired)**Charwoman**10B. KIND OF BUSINESS OR
INDUSTRY**Fidelity Trust Deposit Co**

11. BIRTHPLACE (State or foreign country)

Germany12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)**No**16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Chas. E. Wright 410 Fidelity Bldg

18.

422.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH**Cardio Vascular Disease****2**II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

NOT WHILE

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the
deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23A. SIGNATURE

Wm R Johnson

23B. ADDRESS

403 Medart Bldg

23C. DATE SIGNED

7-6-5224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

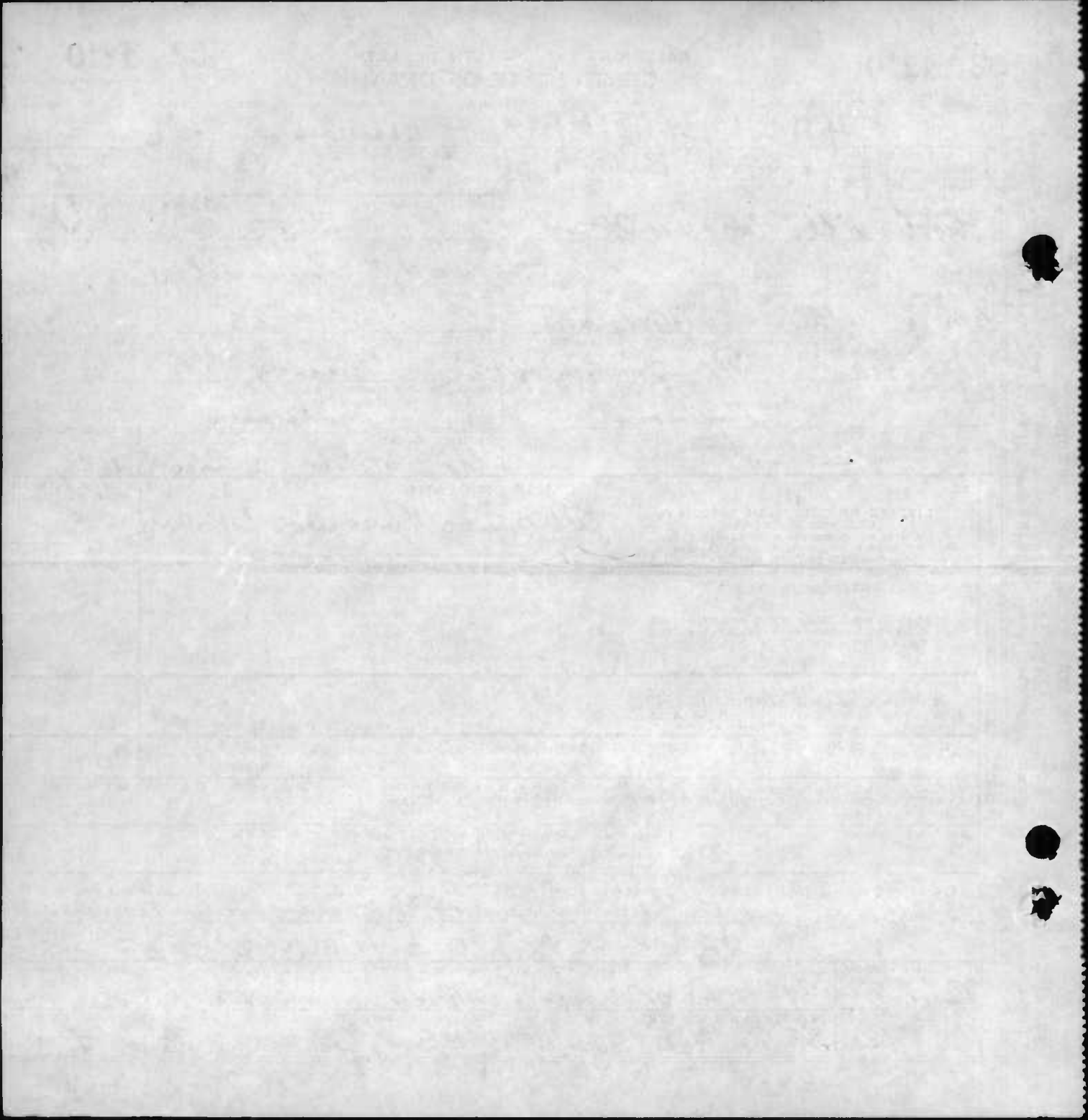
Burial**2/8/52****St. Marys - Hampden****Balto. / Md.**DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 7 - 1952**Huntington Williams M.D.****Wm Cook Inc. 1217 St. Paul St.**



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1211

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MISS BESSIE DORSKY

2. DATE
OF
DEATH

FEB. 5, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

MARYLAND

BALTO.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTIONHOSPITAL for the women of
47 MARYLANDC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE

19-00

D. STREET ADDRESS (If rural, give location)

1400 W. LEXINGTON ST.

c. Length of stay in Baltimore

>>

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

OCT. 12, 1874

9. AGE (in years
last birthday)

77

If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Inmate

10B. KIND OF BUSINESS OR
INDUSTRY

Home for Aged

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

USA.

13. FATHER'S NAME

CHRISTOPHER DORSKY

14. MOTHER'S MAIDEN NAME

HENRIETTA DEITZ

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT MRS. REGD

ADDRESS

AGED MEN & WOMEN'S HOME

SAME

18. 410X and 002X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) ACUTE PULMONARY EDEMA

2 DAYS

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE

Years

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.1. ANEURISMATIC HEART DISEASE, 2 MITRAL INSUFF. &
STENOSIS
2. BILATERAL HYDROTHORAX
3. "SADDLE EMBOLUS" IN AORTA
4. PULM. T.B.C., O.L.P., BILATERALYears.
DAYS
HOURS
YEARS

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from FEB. 4, 1952, to FEB. 5, 1952, that I last saw the
deceased alive on FEB. 5, 1952, and that death occurred at 4:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Gene U. Cohen

M. D.

23B. ADDRESS

Hosp. for the women of Md.

23C. DATE SIGNED

Feb. 6, '52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/9/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 7 - 1952

Huntington Williams, M.D.

Wm. Cook Inc. 1317 St. Paul St.

92B

U.S. 28

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **52 1212**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Joseph T. Ward

2. DATE
OF
DEATH

February 5, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE
MarylandB. COUNTY
before admission)B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

3941 Frisby Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3941 Frisby Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

B. DATE OF BIRTH

May 14, 1886

9. AGE (In years,
last birthday)

65

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Carpenter

10B. KIND OF BUSINESS OR
INDUSTRY

Henry Knott

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles H. Ward

14. MOTHER'S MAIDEN NAME

Ellen G. Mulligan

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Margaret H. Ward, 3941 Frisby Street

1B.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE. (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/1 1952 to 2/5 1952, that I last saw the
deceased alive on 2/4 1952, and that death occurred at 6 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

2/8/52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cemetery

24D. LOCATION (City, town, or county) (State)

Baltimore,

Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 7 - 1952

Huntington Williams, M.D.

Wm. Cook, Inc.

1217 St. Paul Street

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 1213

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Marie F. Bell*2. DATE
OF
DEATH*2-6-52*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto

D. STREET ADDRESS (If rural, give location)

*2913 Riggs Ave.*B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION*48 Md. Gen. Hosp.*

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

*w*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*M.*

8. DATE OF BIRTH

Mar. 31, 1890

9. AGE (In years last birthday)

*61*10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Harry W. Hill

14. MOTHER'S MAIDEN NAME

Ida Pease

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

Charles L. Bell

ADDRESS

2913 Riggs Ave

18.

299X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) *Dyscrasia of thrombocytes*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *12-8*, 1951, to *2-6*, 1952, that I last saw the deceased alive on *2-6*, 1952, and that death occurred at *12:20 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE

W. K. Brander

M.O.

23B. ADDRESS

Md. Gen. Hosp.

23C. DATE SIGNED

2-6-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2.8.1952

24C. NAME OF CEMETERY OR CREMATORY

Western

24D. LOCATION (City, town, or county)

Baltimore

(State)

md.

DATE RECEIVED BY LOCAL REGISTRAR

FEB 7 - 1952

REGISTRAR'S SIGNATURE

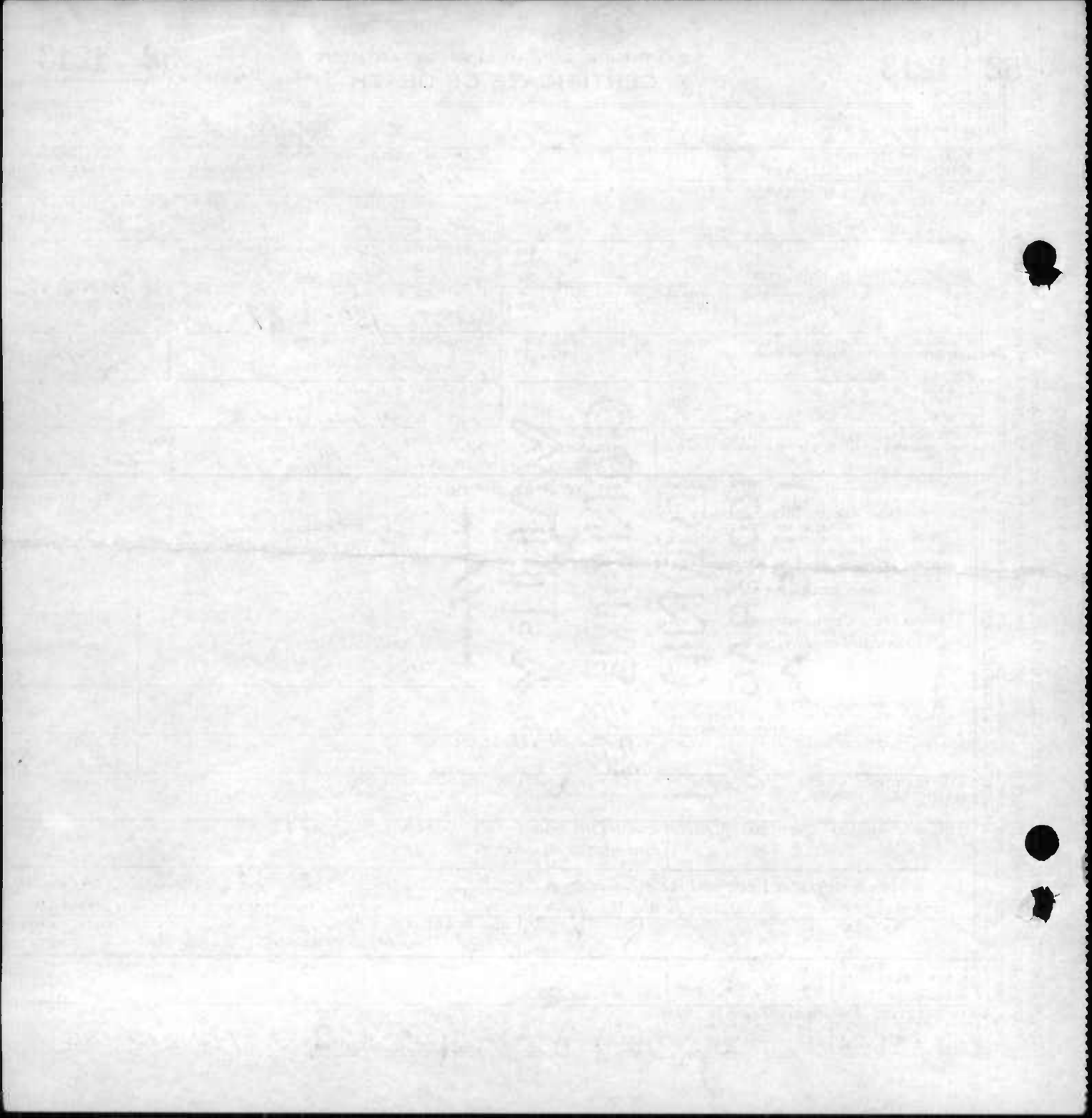
Huntington Williams

25. FUNERAL DIRECTOR

W. B. Howard

ADDRESS

3107 W. North Ave



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 1214BIRTH NO. 530 1214

1. NAME OF DECEASED (Type or Print) <u>Ethan Gilbert Bond</u>			2. DATE OF DEATH <u>Feb. 7, 1952</u>		
3. PLACE OF DEATH: <input checked="" type="checkbox"/> Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>Ind.</u> B. COUNTY <u>15-06</u>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mayland General Hospital</u>			6. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <u>Baltimore</u>		
7. Length of stay in Baltimore <u>77</u> Yrs. <u>48</u> Mos. <u>Days</u>			D. STREET ADDRESS (If rural, give location) <u>2001 Polar Groove St. #16</u>		
5. SEX <u>m.</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug. 2, 1874</u>	9. AGE (In years last birthday) <u>77</u>	10. Under 1 Year Months: <u>77</u> Days: <u>77</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bookkeeper</u>			10B. KIND OF BUSINESS OR INDUSTRY <u>PRINTING</u>		
11. FATHER'S NAME <u>Francis Bond</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			14. MOTHER'S MAIDEN NAME <u>Laura Gilbert</u>		
15. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS <u>Mrs. Florence M. Bond, 2001 Poplar Level St.</u>		

18. <u>470.1 I</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	CAUSE OF DEATH (A) <u>Coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES (B) <u>Atherosclerotic cardiovascular disease</u>		
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>2/3</u> , 1952, to <u>Feb. 7</u> , 1952, that I last saw the deceased alive on <u>Feb. 7</u> , 1952, and that death occurred at <u>9:25</u> a.m., from the causes and on the date stated above.					
23A. SIGNATURE <u>Eugene Liu</u>		23B. ADDRESS <u>Mayland General Hospital</u>		23C. DATE SIGNED <u>2-7-52</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>2-9-1952</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Woodlawn</u>	
24D. LOCATION (City, town, or county) <u>Ind.</u>		24E. LOCATION (City, town, or county) <u>Woodlawn</u>		24F. LOCATION (City, town, or county) <u>Ind.</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>FEB 7 - 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams</u>		25. FUNERAL DIRECTOR <u>Edward Strong</u>	
ADDRESS <u>3207 W. North Ave</u>		ADDRESS <u>3207 W. North Ave</u>		ADDRESS <u>3207 W. North Ave</u>	

FILE 86

STATE OF TEXAS

110



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 1215**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Margaret D. Miller

2. DATE
OF
DEATH

Feb. 5th. 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland **Baltimore**

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
St. Joseph's Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland** B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

121 N. Decker Ave.

C. Length of stay in Baltimore

life

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

12-3-1892

9. AGE (in years last birthday)

59

If Under 1 Year Months: Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Vincent Woytowicz

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

August G. Miller, 121 N. Decker Ave

18.

443X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) **Cerebral accident**

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

2 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Hypertensive cardiovascular disease**

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **July 1, 1931** to **Feb 5, 1952** that I last saw the deceased alive on **Feb 5, 1952** and that death occurred at **3 p. m.**, from the causes and on the date stated above.

23A. SIGNATURE

John J. Gould

M. D.

23B. ADDRESS

14 N. East Ave

23C. DATE SIGNED

2-6-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2-8-1952

24C. NAME OF CEMETERY OR CREMATORY

Sacred Heart

24D. LOCATION (City, town, or county)

Baltimore Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

3000 E. Baltimore St.

VS 150

937

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

M-620
1216FOR APPROVAL
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1216

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MORRIS, Mrs. MARY

2. DATE
OF
DEATH

FEB 5, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

CHURCH HOME AND HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

MARYLAND

C. CITY OR TOWN (If outside corporate limits write RURAL and give
township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

7 South Linwood Ave

c. Length of stay in Baltimore

Yrs
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

FEB 16, 1889

9. AGE (In years
last birthday)

62

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

CHARLES McCLEAN

14. MOTHER'S MAIDEN NAME

ROSE O'HARA

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

NO

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

CHARLES MORRIS - 7 So. Linwood Ave

18. E 9030

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

BBD moko pneumonia

9 days

DUE TO

Aspiration following

(B)

operative correction Fracture

9 days

DUE TO

Mandible

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CERTIFICATION APPROVED BY

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.Fracture of Radius of Right Forearm
Charco-Althetosis
10 yrs.

19A. DATE OF OPERATION

1/26/52

19B. MAJOR FINDINGS OF OPERATION

Fracture mandible

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

7 S. Linwood Ave

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

1/26/52 6P

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Fall to Floor

22. I hereby certify that I attended the deceased from Jan 5, 1952, to Feb 5, 1952, that I last saw the
deceased alive on Feb 5, 1952, and that death occurred at 10:20 pm., from the causes and on the date stated above.

23A. SIGNATURE

Charles B. MacMurray

M. D.

23B. ADDRESS

2900 E. Baltimore St

23C. DATE SIGNED

Feb 5, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2-9-1952

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 7-1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

3000 E. Baltimore St.

VS 150

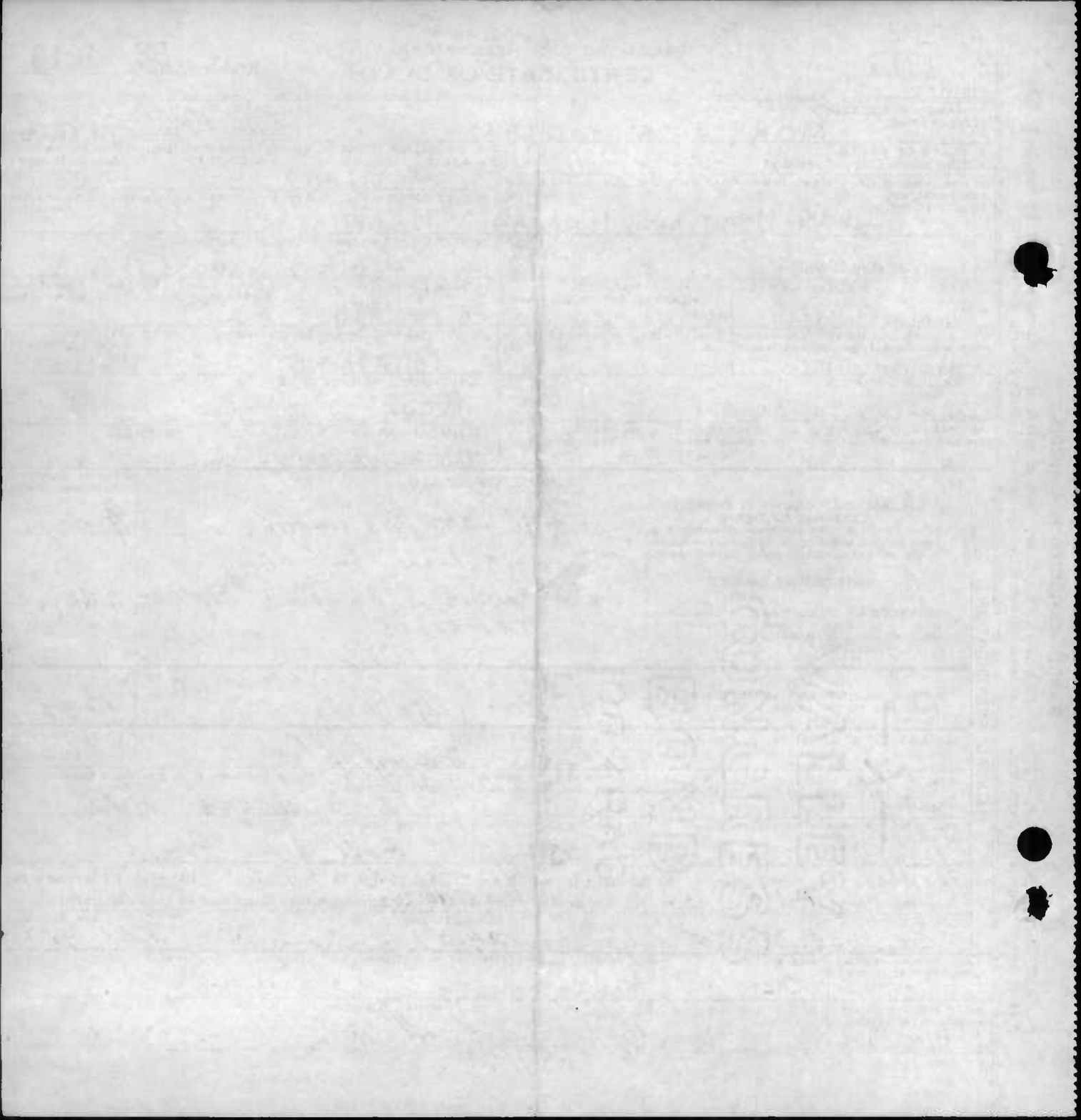
N-802.0

186a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



M-600 52 1217

52 1217

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

MARIE HAMENT MYER

2. DATE
OF
DEATH

February 6, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2802 Overland Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

27-02

C. Length of stay in Baltimore Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2802 Overland Avenue

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

Sept. 12, 1903

9. AGE (in years)

48

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Gabriel Hament

14. MOTHER'S MAIDEN NAME

Rebecca Steiner

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

James W. Myer- 2802 Overland Avenue

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CAUSE OF DEATH

(A)

CORONARY THROMBOSIS

DUE TO

HYPERTENSIVE CARDIO-
VASCULAR DISEASE.

(B)

DUE TO

(C)

DIABETES MELLITUS

INTERVAL BETWEEN ONSET AND DEATH

19 Mos.

?

(7)

19A. DATE OF OPERATION

NONE.

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

NO

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 3, 1950, to Feb 6, 1952, that I last saw the deceased alive on 1-28-1952, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Arthur Karfagin

M. D.

23B. ADDRESS

4230 Loch Raven Blvd.

23C. DATE SIGNED

2-6-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/8/52

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Hebrew

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Sol. Levinson & Bros - 1124 - 26 W.

FEB 8 - 1952

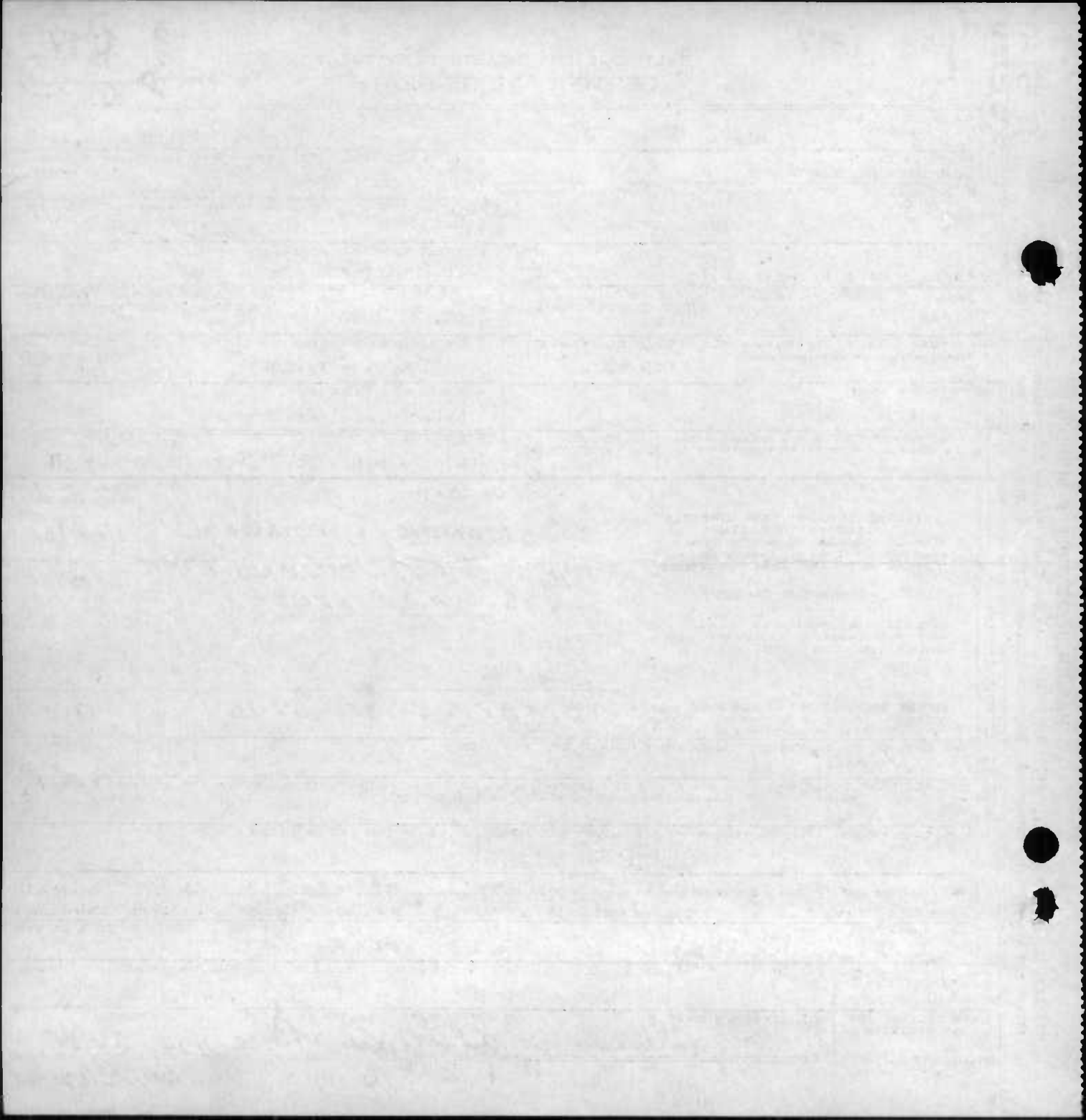
VS 150

1216

61 North Avenue

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



87-152
F-605 52 1218

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1218

Registered No. _____

BIRTH NO.		1. NAME OF DECEASED (Type or Print) ROSE RUBENSTEIN (FRIEDMAN)		2. DATE OF DEATH February 7, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____			
B. FULL NAME OF HOSPITAL OR INSTITUTION 70 2476 Shirley Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 13-04			
c. Length of stay in Baltimore 40 years		D. STREET ADDRESS (If rural, give location) 1626 Gwynns Falls Parkway			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 25, 1896	9. AGE (in years last birthday) 55	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	
13. FATHER'S NAME Issac Krakower		14. MOTHER'S MAIDEN NAME Ray Crook		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mr. Leon Friedman 6310 Winner Avenue	

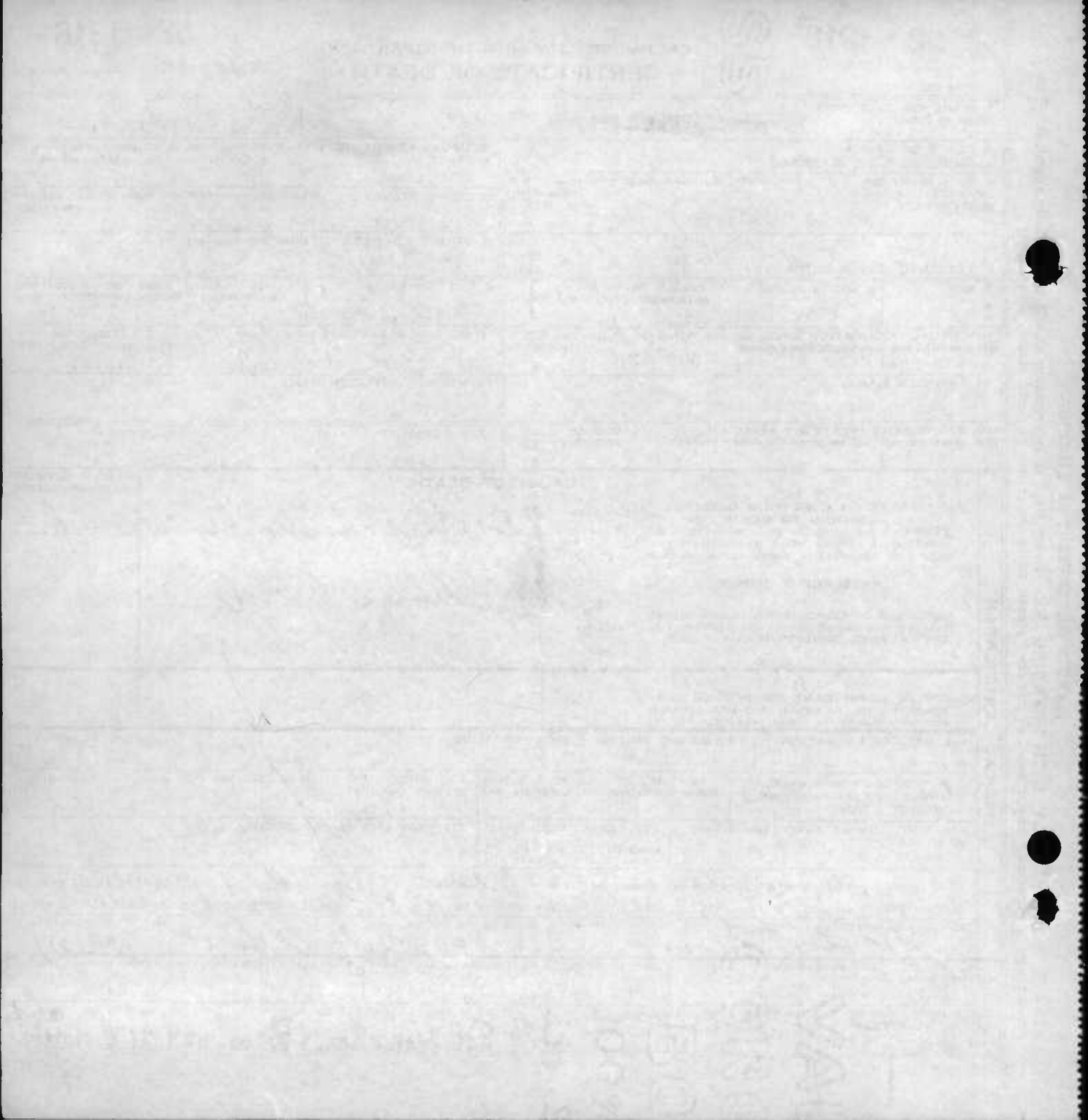
18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) Cerebral Vascular Accident 4 hr DUE TO (B) Hypertension C.V.D. DUE TO (C) ?		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec 1957 to Feb 7, 1952 that I last saw the deceased alive on Feb 7, 1952 and that death occurred at 121 m., from the causes and on the date stated above.					
23A. SIGNATURE [Signature]		23B. ADDRESS 2404 Eastland Ave		23C. DATE SIGNED Feb 7, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2-8-52		24C. NAME OF CEMETERY OR CREMATORY Aitz Chaim-Washington BLVD. Baltimore Maryland	
24D. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR Sol Levinson & Bros. 1124-26 W. North Ave.		25. FUNERAL DIRECTOR ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR FEB 8 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS	

VS 150

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



52 1219

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1219

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

JAMES WALKER THOMAS

2. DATE
OF DEATH

February 7, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY _____

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

3136 Harford Road

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 9-06D. STREET ADDRESS (If rural, give location)
3136 Harford Road

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

Sept. 24, 1877

9. AGE (In years last birthday)

74

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Physician

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

South Carolina

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

? Thomas

14. MOTHER'S MAIDEN NAME

? Duke

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

212-18-8758

17. INFORMANT 3136 Harford Avenue

Mrs. Mary C. Thomas

18.

331X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

DUE TO

(A) Cerebral Hemorrhage

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 1-20-52 to 2-7, 1952, that I last saw the deceased alive on 2-6-1952 and that death occurred at 12:35 A. M. from the causes and on the date stated above.

23A. SIGNATURE

O. L. Ewald Jr.

23B. ADDRESS

36 Park Ct.

23C. DATE SIGNED

2-7-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Cremation

24B. DATE

2/9/52

24C. NAME OF CEMETERY OR CREMATORY

Greenmount Crematory

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

FEB 8 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.

ADDRESS

BALTO., 13, 8th St.

VS 150

07588

83a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

1919

STATE OF NEW YORK
DEPARTMENT OF HEALTH

1919

NEW YORK

1919

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1220

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CLARENCE

JAMES

2. DATE
OF
DEATH

Feb. 3, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

South Baltimore General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

21-01

D. STREET ADDRESS (If rural, give location)

1132 Warner Street

c. Length of stay in Baltimore

Life

5. SEX

male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

6-14-1892

9. AGE (In years
last birthday)

59

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

In General

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Charles James

14. MOTHER'S MAIDEN NAME

Hester Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

War # 1

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS Phila. P.

Bessie Robinson 2034 Rodman St

18.

023X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Acute and arteriosclerotic cardiovascular
-DUE TO disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

Stanley H. Dunsicker

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
M.D. MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
Feb. 4, 195224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/8/1952

24C. NAME OF CEMETERY OR CREMATORY

Balto. Nat. Cem.

24D. LOCATION (City, town, or county)

Baltimore Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams M.D.

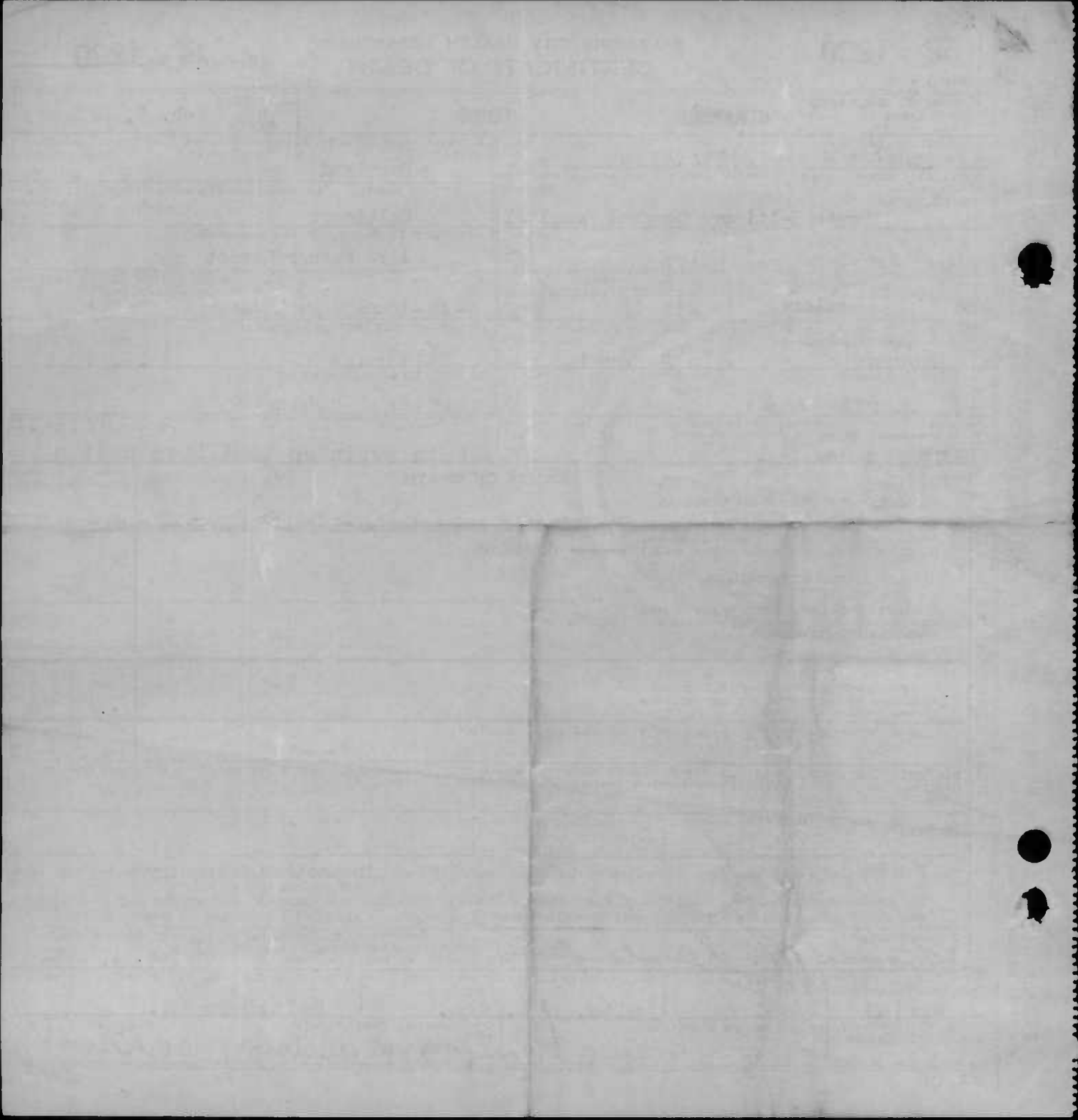
25. FUNERAL DIRECTOR

Eugene Wilson 1000 Bronty

VS 151

97099

30E



L-200
52 1221BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

My. Joseph S. Leach

2. DATE
OF
DEATH

Feb. 7 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Bon Secours Hospital

Yrs.
Mos.
Days

c. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

12/19/75

9. AGE (In years
last birthday)

76

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

not record

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Wash. D.C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Benj. Leach

14. MOTHER'S MAIDEN NAME

Martha Baylis

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Wife Clara Leach 207 Park Drive Cat. 28, Md.

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(A) anemia + Pulmonary edema
DUE TO
(B) Kidney shut down
DUE TO
(C) generalized carcinoma prostate

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONOITION CAUSING IT.

arteriosclerosis

19A. DATE OF OPERATION

1/26/52

19B. MAJOR FINDINGS OF OPERATION

Carcinoma prostate - metastatic

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/24/52, to 2/7/52 that I last saw the
deceased alive on 2/7/19 52 and that death occurred at 7th Am., from the causes and on the date stated above.

23A. SIGNATURE

D. Shroeder

M. D.

23B. ADDRESS

Bon Secours Hosp. 2/7/52

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

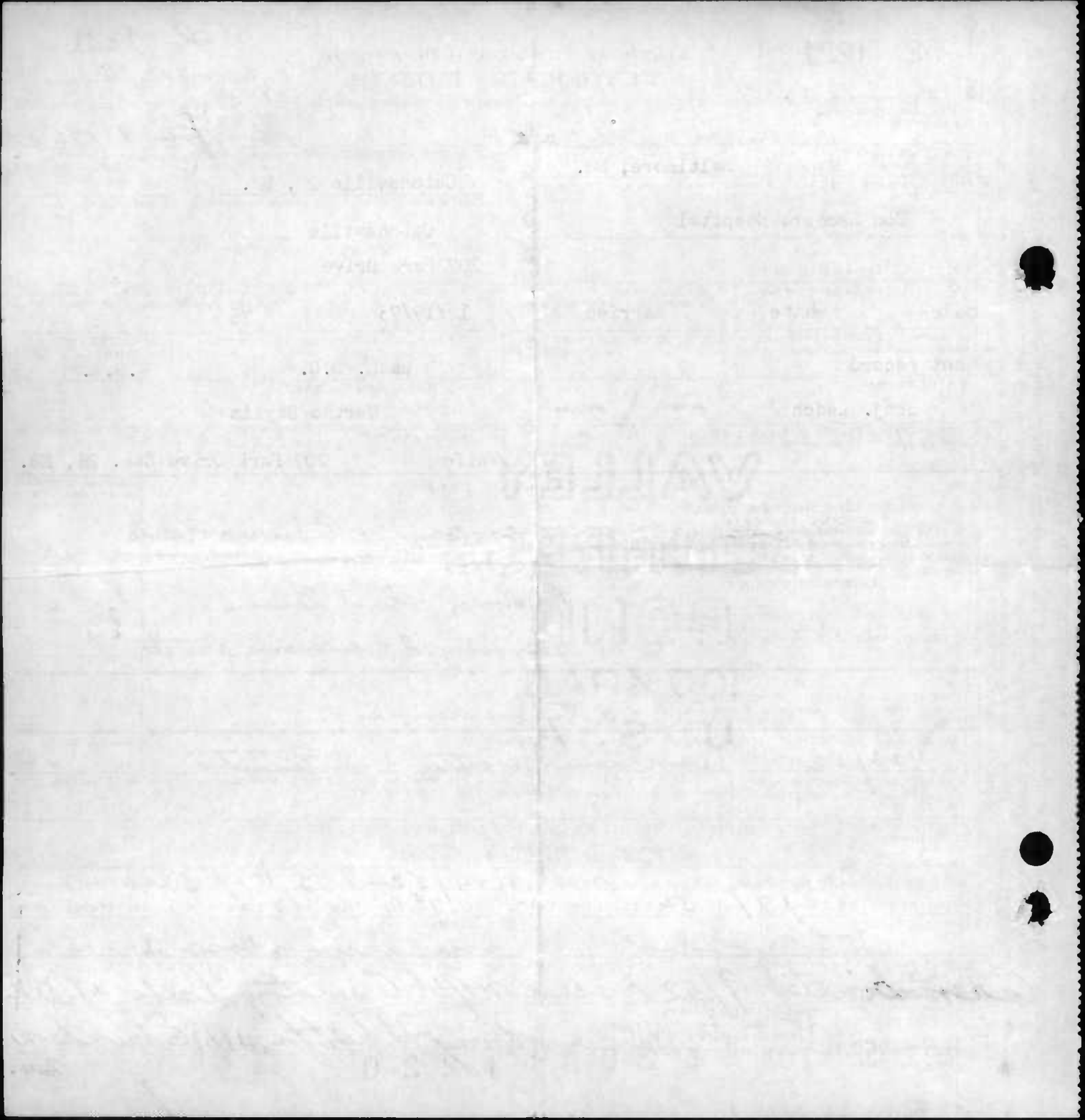
ADDRESS

FEB 8 - 1952

VS 150

Huntington Williams, M.D. Harry H. Witzke, 4101 Edmondson

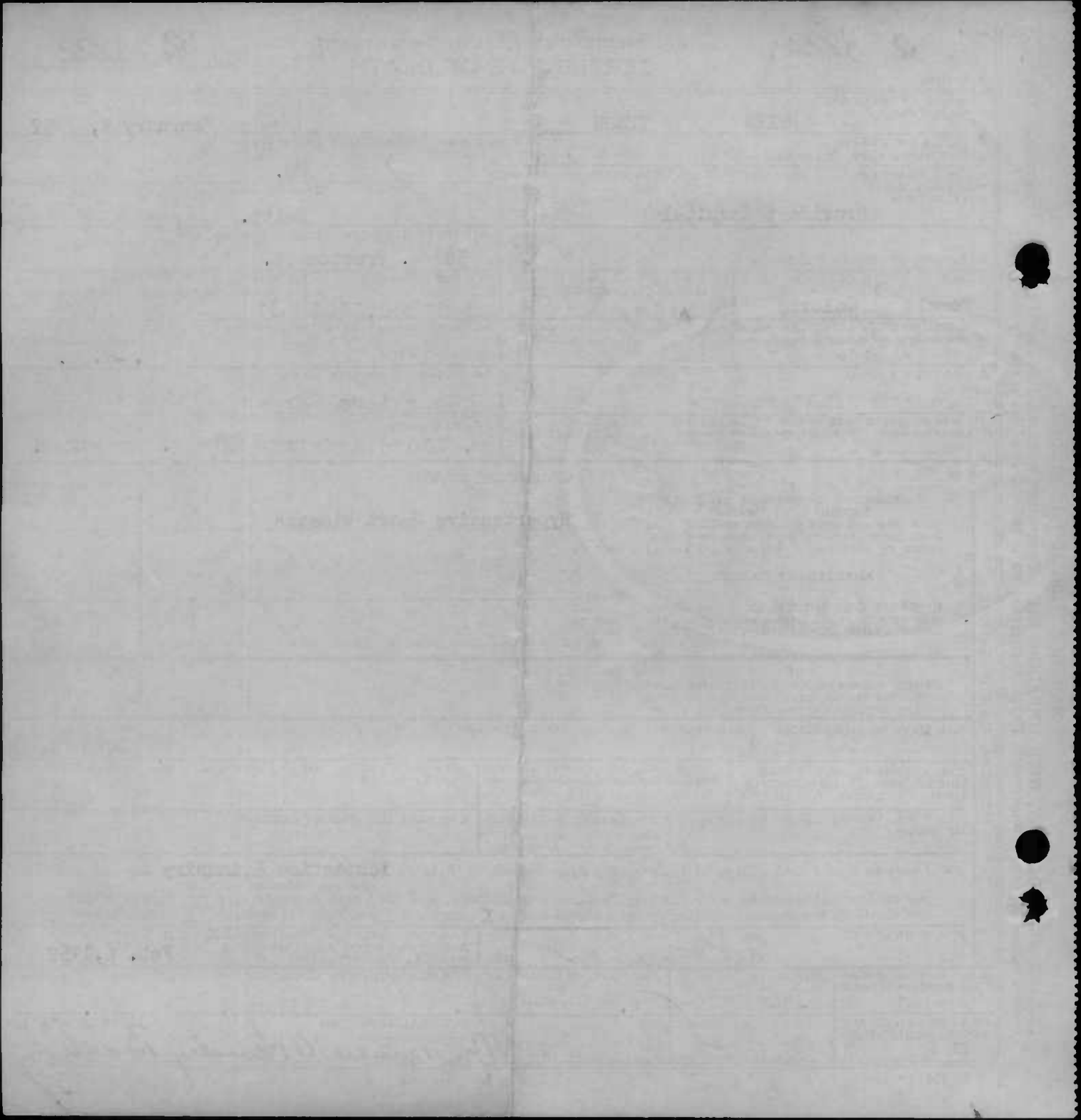
5113 Ave.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1222

BIRTH NO.		52 1222	
1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
HELEN TYSON		February 5, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
B. FULL NAME OF (If not in hospital or institution, give street address or location)		A. STATE	
Provident Hospital		Md.	
C. Length of stay in Baltimore		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
Yrs. Mos. Days		Balto. 17-02	
D. STREET ADDRESS (If rural, give location)		588 W. Preston St.	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
Female	Colored	Widow	April 30, 1901
9. AGE (in years last birthday)	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
50	Housewife	Maryland	U. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
Joseph Williams	Georgiana Morgas	16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	
Mr. Lloyd Anderson		588 W. Preston St.	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		INTERVAL BETWEEN ONSET AND DEATH	
(A) Hypertensive Heart Disease			
DUE TO			
19. ANTECEDENT CAUSES			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
(B)			
DUE TO			
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?	
		YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>	23C. DATE SIGNED	
		Feb. 6, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	2-8-52	Mt. Auburn Cem.	Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
FEB 8 - 1952	Huntington Williams	A. Hensley	578 W. Biddle St.



S-351

52 1223

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1223

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HARRY STEINBERG

2. DATE
OF
DEATH

2-7-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland 4618 Park Hgts Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md

5. FULL NAME OF
HOSPITAL OR
INSTITUTION

60

Mt Sinai Home

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 15-03

D. STREET ADDRESS (If rural, give location)

2425 Westwood Ave

c. Length of stay in Baltimore

12

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

9. AGE (in years
last birthday)11 Under 1 Year
Months: Days
11 Under 24 Hours
Hours: Min.

73

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Carpenter

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Beril

Const.

14. MOTHER'S MAIDEN NAME

Yetta

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Anna Block

Same

18. 59yr

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Atherosclerosis, generalized

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Hypertension

(C)

Chronic Nephritis

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1950, to Feb 7, 1952, that I last saw the
deceased alive on Feb 7, 1952, and that death occurred at 10:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Daniel Schwartz

M. D.

23B. ADDRESS

2320 Eastwood Plaza

23C. DATE SIGNED

2/8/52

24A. BURIAL, CREMA-
TION REMOVAL (Specify)

24B. DATE

2-8-52

24C. NAME OF CEMETERY OR CREMATORY

Rosedale

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M. Jack Lewis

25. FUNERAL DIRECTOR

ADDRESS

2100 Eastwood Rd

VS 150

1952051624222

131a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

~~Admiral~~
~~7270~~
~~1000~~
~~1000~~

No 6793

5811

Greenspring Ave

87-252

52 1224

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1224
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) ABRAHAM RESNICK		2. DATE OF DEATH 2-7-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY 28-41			
B. FULL NAME OF HOSPITAL OR INSTITUTION 4421 Belle View Ave		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore BELVIEW			
c. Length of stay in Baltimore 38 Yrs. 5 Mos. 5 Days		D. STREET ADDRESS (If rural, give location) 4421 Belle View Ave			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 63	9. AGE (In years last birthday) 63
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocer		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Russia	
13. FATHER'S NAME Abraham		14. MOTHER'S MAIDEN NAME Mary		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Anna Resnick - Same	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute myocardial infarction		CAUSE OF DEATH (A) Acute myocardial infarction DUE TO	INTERVAL BETWEEN ONSET AND DEATH 5 hrs.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Coronary sclerosis		(B) Coronary sclerosis DUE TO	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C)	

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1951 to 2-7 , 19 52 , that I last saw the deceased alive on 2-7 , 19 52 , and that death occurred at 12:30 p. m., from the causes and on the date stated above.					
23A. SIGNATURE Hyman Schup MD		23B. ADDRESS 3429 Liberty Key Rd		23C. DATE SIGNED 2-8-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2-8-52		24C. NAME OF CEMETERY OR CREMATORY Mt Carmel	
24D. LOCATION (City, town, or county) (State) Balto MD		25. FUNERAL DIRECTOR Huntington Williams, M.D. Jack Lewis			

2906A

94a

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Schoff
3429 Liberty Hqts
830 AM

M-425

52 1225

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1225

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HEON S MALESON

2. DATE
OF DEATH

2-6-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

3314 Parkington Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 27-20

D. STREET ADDRESS (If rural, give location)

3314 Parkington Ave

c. Length of stay in Baltimore

48

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9. AGE (In years
last birthday)

62

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

C.F.A.

10B. KIND OF BUSINESS OR
INDUSTRY

Accountant

11. BIRTHPLACE (State or foreign country)

Latvia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Not Known

14. MOTHER'S MAIDEN NAME

Rachael

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Sara Maleson - Same

18.

420.1.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Acute Coronary Thrombosis

INTERVAL BETWEEN
ONSET AND DEATH

1/2 hr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1951, to Feb. 6, 1952, that I last saw the
deceased alive on Feb. 6, 1952, and that death occurred at 10 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Dr. B. Lemick

M. O.

23B. ADDRESS

5416 Reisterstown Road

23C. DATE SIGNED

2/6/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2-8-52

24C. NAME OF CEMETERY OR CREMATORY

Hebrew Young Men

24D. LOCATION (City, town, or county)

Baltimore, Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 8 - 1952

Huntington

Williams

Dr. J. L. Lewis

2100

Butter

Pl

VS 150

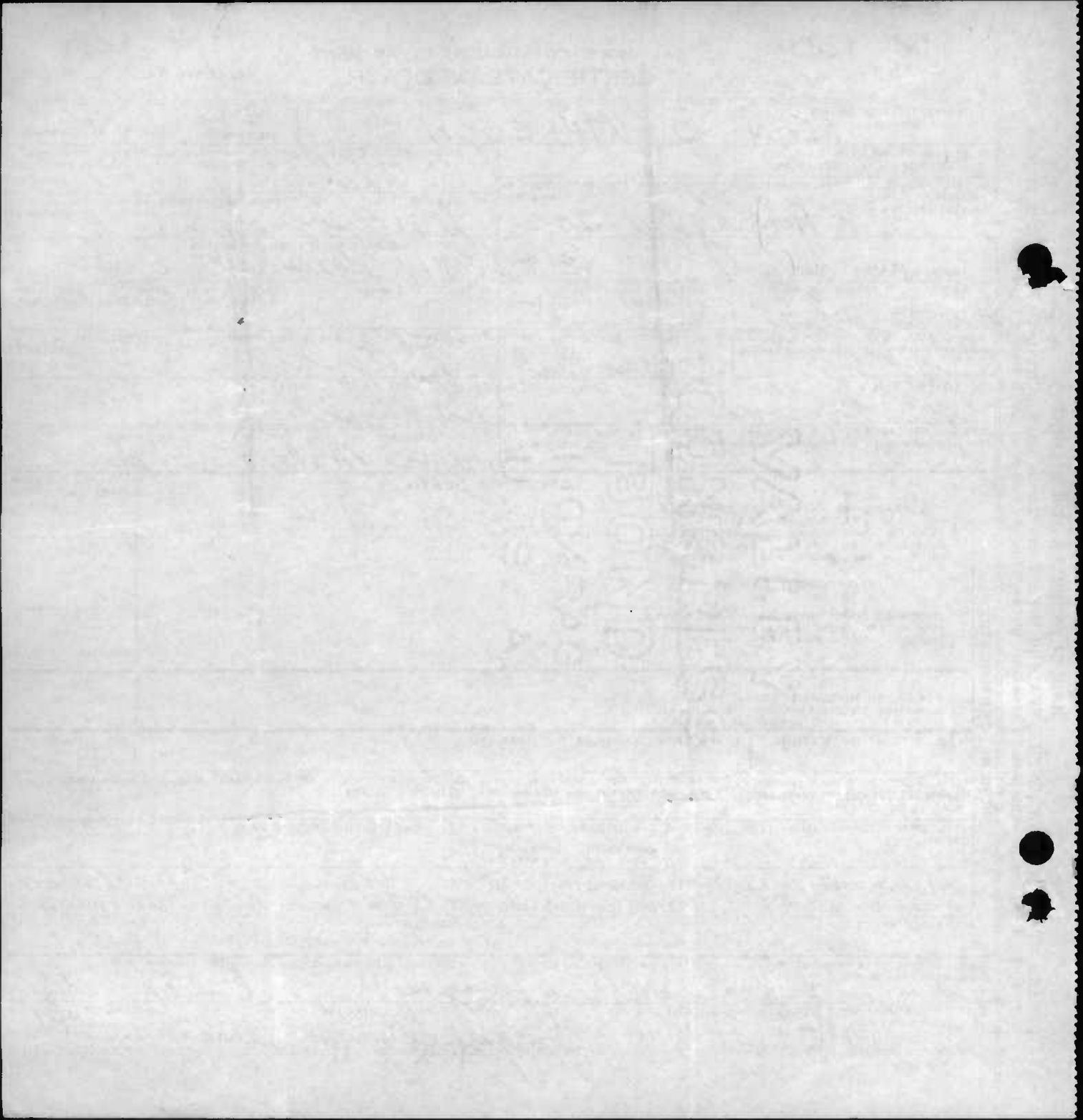
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94a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, IN UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



52 1226

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1226
Registered No.

BIRTH NO.

1. NAME OF DECEASED

(Type or Print)

HARRIET Frances BLAKENEY

2. DATE
OF
DEATH

Feb. 6, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

D. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR US Public Health Service location)
INSTITUTIONWyman Pk. Drive & 31st Street
Hospital

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

4024 Roland Avenue

c. Length of stay in Baltimore

?

Yrs.
Mos.
Days

5. SEX

F

W

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

3/10/75

9. AGE (In years

76

last birthday)

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Edward S. Comwell

14. MOTHER'S MAIDEN NAME

Elizabeth Ruppercht

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

Records- US PHS Hospital, Balto, Md.

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Carcinoma of breast with metastases
DUE TO to bonesINTERVAL BETWEEN
ONSET AND DEATH

5 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 4, 1952 to Feb. 6, 1952, that I last saw the
deceased alive on Feb. 6, 1952, and that death occurred at 1:35 P. m., from the causes and on the date stated above.

23A. SIGNATURE

John L. Benson

M. D.

23B. ADDRESS

US PHS Hospital, Balto, Md.

23C. DATE SIGNED

2/6/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial Feb. 9/52

Woodlawn

Woodlawn, Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 8 - 1952

Huntington Williams, M.D.

E. Donovan - 3818 Roland Ave

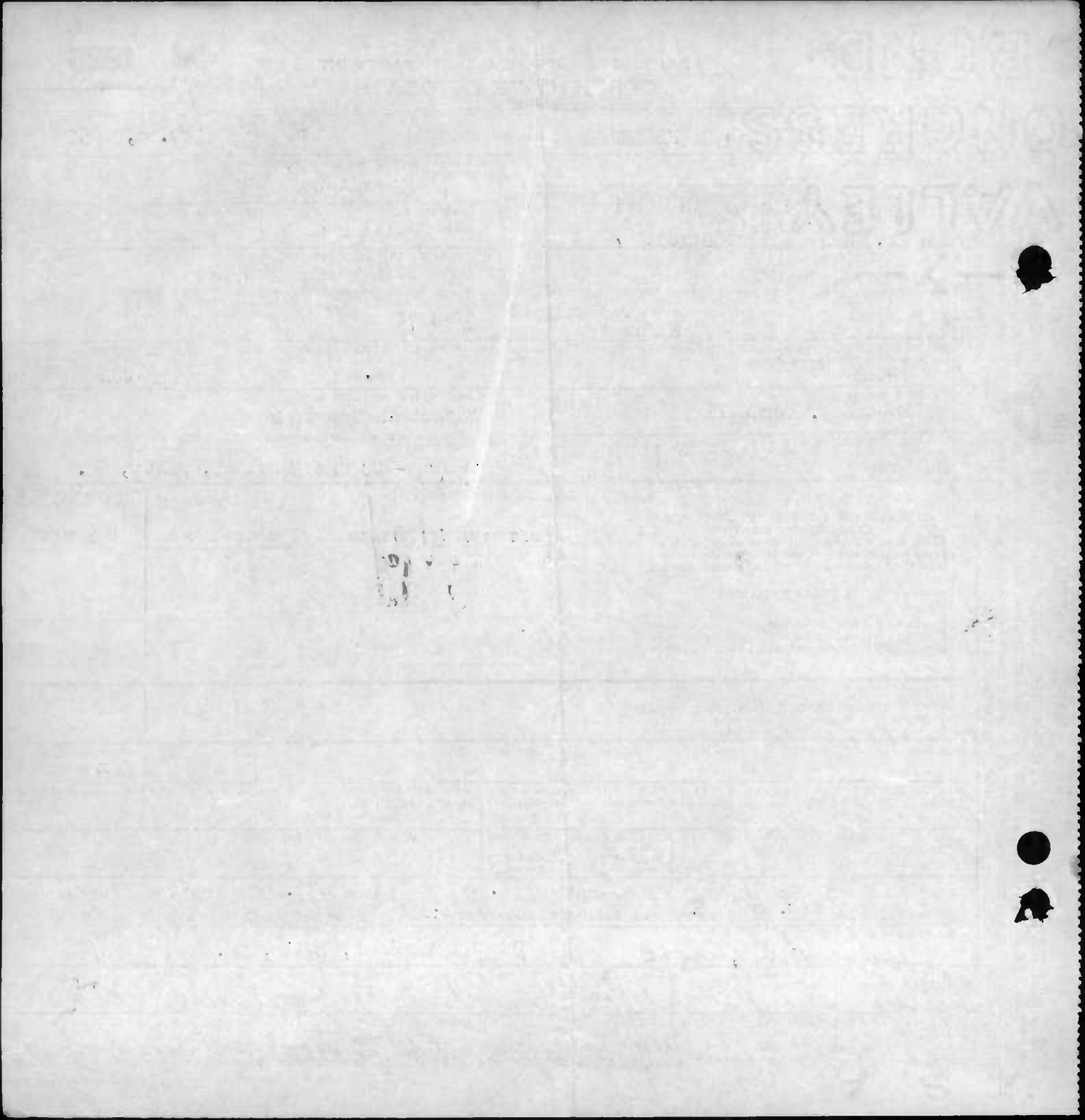
50

VS 150

50

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Jordan

2. DATE
OF
DEATH

Feb. 4, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Good Samaritan Home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 17-03

D. STREET ADDRESS (If rural, give location)

712 Solphim St.

c. Length of stay in Baltimore

30 years

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

May 5, 1864

9. AGE (In years
last birthday)

87

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR
INDUSTRY

Bot. family

11. BIRTH PLACE (State or foreign country)

Lawson, Ind.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Mark Posey

14. MOTHER'S MAIDEN NAME

Ellen ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Mr. L. P. Palmer

ADDRESS

712 Solphim St.

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Heart failure
due to Myo degeneration of
the heart
(B) Arterio sclerosis,INTERVAL BETWEEN
ONSET AND DEATHseveral
years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 1950 to 2/31, 1952, that I last saw the deceased alive on 2/3, 1952, and that death occurred at 7:00 p. m., from the causes and on the date stated above.

23A. SIGNATURE

J. W. Deane, M. D.

23B. ADDRESS

912 Brooker Lane

23C. DATE SIGNED

2/7/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 8, 1952

24C. NAME OF CEMETERY OR CREMATORY

Pleasant Rest

24D. LOCATION (City, town or county)

Lawson Ind.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Walter Funeral Home
633 Smith Hill Ave.

FEB 8 - 1952

VS 150

633 226

937

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*Nicholas Herzog*2. DATE
OF
DEATH*Feb. 6, 1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 5-02

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

611 E. Conner St.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

*JOHNS HOPKINS HOSPITAL*18. *002X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

*Cardiac Decompensation**36 hours*

ANTECEDENT CAUSES

(B)

DUE TO

*Auricular Flutter**36 hours*

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.*Pulmonary Tuberculosis*

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK

NOT WHILE AT WORK

22. I hereby certify that I attended the deceased from *2/5* to *2/6*, 19*52*, that I last saw the deceased alive on *2/6*, 19*52*, and that death occurred at *7:45 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

*Ernest Harold Kay, M.D.**JOHNS HOPKINS HOSPITAL*

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*Burial**Feb. 8, 1952**Holy Redeemability**Baltimore Md**Feb 8 - 1952**Huntington Williams, M.D.**Elmer W. Conklin**924 E. Eager St.*

THE UNIVERSITY OF CHICAGO
LIBRARY



87-420

52 1229

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 1229

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Henry M. Pokes

2. DATE
OF
DEATH

Feb 6-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore City

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

Baltimore

21-02

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

1130 W. Hamburg St

C. Length of stay in Baltimore

30 yrs

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1130 W. Hamburg St

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

April 27 1893

9. AGE (In years
last birthday)

58

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Chauffeur

10B. KIND OF BUSINESS OR
INDUSTRY

TRANSFER

11. BIRTHPLACE (State or foreign country)

Balto. Md

12. CITIZEN OF
WHAT COUNTRY?

US

13. FATHER'S NAME

William Pokes

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

213-05-5259

17. INFORMANT

Mary Pokes

ADDRESS

1130 Hamburg St

18.

140X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Carcinoma lower lip

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

11 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.Direct spread to both sides of
neck and left mandible

19A. DATE OF OPERATION

23 July 1951

19B. MAJOR FINDINGS OF OPERATION

Carcinoma left mandible + both sides neck

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 20 July, 1951, to 5 Feb, 1952, that I last saw the
deceased alive on 31 Jan, 1952, and that death occurred at 5 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Arthur G. Swinski

M. D.

23B. ADDRESS

15 E. Biddle St.

23C. DATE SIGNED

6 Feb 52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb 9-1952

24C. NAME OF CEMETERY OR CREMATORY

Cedar Hill

24D. LOCATION (City, town, or county)

Anne Arundel County

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Bernard Baile

ADDRESS

10005 Poca St.

FEB 8-1952

VS 150

68352

45a nu 2663

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

U. S. A.
DOUBAG
BOND
CONGRESS
VALLEY

the document

52 1230

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1230

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY R. BIEMILLER

2. DATE
OF
DEATH

February 7, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Baltimore City Morgue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3601 Clifton Avenue

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Jan. 19, 1873

9. AGE (In years
last birthday)

79

If Under 1 Year
Months Days If Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Peter Reth

14. MOTHER'S MAIDEN NAME

Magdaline Schleiger

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

Great Neck, Long Island
Mrs. Mary R. Singley - 31 Windsor Rd.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. F. Fisher

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Feb. 7, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/11/52

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

St. Mary's, Baltimore, Md.

1941
Chas. J. Beckner & Son
New York

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

FRANK S. HULLETT

2. DATE
OF
DEATH

Feb. 6, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Md.

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

2119 Mt. Holly St.

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2119 Mt. Holly St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Sept. 12, 1874

9. AGE (In years
last birthday)

77

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Paper Cutter

10B. KIND OF BUSINESS OR
INDUSTRY

Office Supply

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Hullett

14. MOTHER'S MAIDEN NAME

Carline Laib

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

216-01-1678A

17. INFORMANT

ADDRESS

Miss Louise Hullett - 2119 Mt. Holly St.

18.

42001

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

CORONARY INSUFFICIENCY

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

ARTERIOSCLEROTIC HEART DISEASE

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.BENIGN PROSTATIC HYPERTROPHY WITH
CHRONIC URINARY RETENTION

19A. DATE OF OPERATION

1-11-52

19B. MAJOR FINDINGS OF OPERATION

BENIGN PROSTATIC HYPERTROPHY

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-8-52 19, to 2-6-1952, that I last saw the
deceased alive on 2-3-1952, and that death occurred at 3:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Martin A. Robbins

M. D.

23B. ADDRESS

1801 Eutaw Pl (12)

23C. DATE SIGNED

2-7-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/9/52

24C. NAME OF CEMETERY OR CREMATORY

Western Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

R. M. J. Pickens & Sons

ADDRESS

937 Balto Md.

VS 150

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

OFFICE OF THE CHIEF OF BUREAU
WASHINGTON, D. C.

REPORT OF THE CHIEF OF BUREAU
FOR THE YEAR 1911

BY THE CHIEF OF BUREAU
J. H. COOPER

WASHINGTON, D. C.
1912

PRINTED BY THE GOVERNMENT PRINTING OFFICE
WASHINGTON, D. C.

1912

1912

1912

1912

1912

L-200
52 1232

52 1232

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LAURA Lewis

2. DATE
OF
DEATH

Feb. 6, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

5607 GORANE AVE

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

27-48

c. Length of stay in Baltimore

17 yrs

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

5607 GORANE AVE

5. SEX

FEMALE

WHITE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

Sept. 29, 1887

9. AGE (In years
last birthday)

64

10 Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House work

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

PENNSYLVANIA

12. CITIZEN OF
WHAT COUNTRY?

United States

13. FATHER'S NAME

George Krommes

14. MOTHER'S MAIDEN NAME

MARGAROT MacAfee

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

John A Lewis

ADDRESS

18.

153 X I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) CANCER Sigmoid Colon

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

1 yr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Metastasis - recurrence of ulcer. Abdominal atherosclerosis

DUE TO

2 wks

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

11-2-50

19B. MAJOR FINDINGS OF OPERATION

cancer sigmoid colon

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to Feb. 6, 1952, that I last saw the
deceased alive on Feb. 6, 1952, and that death occurred at 8 AM., from the causes and on the date stated above.

23A. SIGNATURE

James J. Schwartz

M. O.

23B. ADDRESS

2320 Eutaw Place

23C. DATE SIGNED

2/7/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2-9-52

24C. NAME OF CEMETERY OR CREMATORY

Mendowridge

24D. LOCATION (City, town, or county)

Dorsey,

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

1952-1953

Huntington Williams, M.D. 5209 York Rd

VS 150

1952-1953

46E

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Schwartz
r320
Autum Place

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Delia Dogan

2. DATE
OF
DEATH

Feb. 5, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

1818 N. Wolfe St.

C. CITY OR TOWN

Balto.

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1818 N. Wolfe St.

c. Length of stay in Baltimore

?

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

1/20/1890

9. AGE (In years
last birthday)

62

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, also if retired)

H. Wife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

S. C.

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Henry C. Miller

14. MOTHER'S MAIDEN NAME

Cornelia Robinson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

Lillian Johnson 1818 N. Wolfe St.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1951, to Feb 5, 1952, that I last saw the
deceased alive on Feb 3, 1952, and that death occurred at 120 P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/9/52

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary

24D. LOCATION (City, town, or county)

Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Geo. G. Kelson 1303 Presstman St.

DEATH CERTIFICATE

DATE OF DEATH

PLACE OF DEATH

AGE

SEX

CAUSE OF DEATH

DATE OF BURIAL

STATE OF NEW YORK
COUNTY OF NEW YORK
CITY OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
OFFICE OF THE REGISTRAR
100 NASSAU ST. NEW YORK 100

FILE NO.

DATE OF BIRTH

DATE OF DEATH

DATE OF BURIAL

DATE OF DEATH

14226 Chase

T-600

52 1234

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1234
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Franklin John Terry

2. DATE
OF
DEATH

2/6/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

3509 Lyndale Ave.

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give
township)

D. STREET ADDRESS (If rural, give location)

3509 Lyndale Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

Sept. 7, 1889

9. AGE (In years
last birthday)

62

11 Under 1 Year
Months Days 11 Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Radio Rep.

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Alex. Va.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Robert

14. MOTHER'S MAIDEN NAME

Mary Idela

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

217-09-4974 Kate A. Terry 3509 Lyndale Ave.

17. INFORMANT

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

Acute Endocarditis

58 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

Acute Rheumatic Fever

1 month
18 days

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from December 5, 1951, to February 5, 1952, that I last saw the
deceased alive on Feb 4, 1952, and that death occurred at 6:15 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Albert Cissnerberg

M. D.

23B. ADDRESS

2025 E North Ave

23C. DATE SIGNED

2-7-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/9/52

24C. NAME OF CEMETERY OR CREMATORY

Baltimore

24D. LOCATION (City, town, or county)

Baltimore Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

1639 Broadway

FEB 8 - 1952

VS 150

552 84

92c

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

AB-154758

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1235

Registered No.

BIRTH NO.

52 1235

1. NAME OF DECEASED
(Type or Print)

Benjamin F. Litsinger

2. DATE
OF
DEATH

Feb. 6-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

Baltimore City Hospitals

31 4940 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

27-12

C. Length of stay in Baltimore

1 mo.?

D. STREET ADDRESS (If rural, give location)

6000 Bellona Ave. zone 12

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Aug. 15, 1873

9. AGE (In years last birthday)

78

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Owner

10B. KIND OF BUSINESS OR

Electric Sign Industry & Sign Lettering Co

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Augustus Litsinger

14. MOTHER'S MAIDEN NAME

Margaret Fishpaw

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMATION FROM BALTIMORE CITY HOSPITALS
Records: 4940 Eastern Ave.

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Dissecting Aortic Aneurysm

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

UNKNOWN

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive arteriosclerotic cardiovascular disease

DUE TO

UNKNOWN

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER- LAYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-13-1951 to 2-6-1952, that I last saw the deceased alive on 2-6-1952, and that death occurred at 4:45 P. M., from the causes and on the date stated above.

23A. SIGNATURE

J. S. Rogers

M. D.

23B. ADDRESS

4940 Eastern Ave., Balto., Md.

23C. DATE SIGNED

2-7-1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 9, 1952

24C. NAME OF CEMETERY OR CREMATORY

Meadowridge Cemetery

24D. LOCATION (City, town, or county)

Elkridge, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

FEB 8 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Lamoraan

ADDRESS

4510 Liberty Heights Ave.

VS 150

30D

DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. NAME OF DECEASED		2. SEX		3. AGE	
4. DATE OF DEATH		5. TIME OF DEATH		6. PLACE OF DEATH	
7. CAUSE OF DEATH		8. MANNER OF DEATH		9. SIGNATURE OF REGISTRAR	
10. SIGNATURE OF DECEASED		11. SIGNATURE OF WITNESSES		12. SIGNATURE OF PHYSICIAN	
13. SIGNATURE OF FUNERAL HOME		14. SIGNATURE OF BURIAL PLACE		15. SIGNATURE OF INTERVIEWER	
16. SIGNATURE OF INTERVIEWER		17. SIGNATURE OF INTERVIEWER		18. SIGNATURE OF INTERVIEWER	
19. SIGNATURE OF INTERVIEWER		20. SIGNATURE OF INTERVIEWER		21. SIGNATURE OF INTERVIEWER	
22. SIGNATURE OF INTERVIEWER		23. SIGNATURE OF INTERVIEWER		24. SIGNATURE OF INTERVIEWER	
25. SIGNATURE OF INTERVIEWER		26. SIGNATURE OF INTERVIEWER		27. SIGNATURE OF INTERVIEWER	
28. SIGNATURE OF INTERVIEWER		29. SIGNATURE OF INTERVIEWER		30. SIGNATURE OF INTERVIEWER	
31. SIGNATURE OF INTERVIEWER		32. SIGNATURE OF INTERVIEWER		33. SIGNATURE OF INTERVIEWER	
34. SIGNATURE OF INTERVIEWER		35. SIGNATURE OF INTERVIEWER		36. SIGNATURE OF INTERVIEWER	
37. SIGNATURE OF INTERVIEWER		38. SIGNATURE OF INTERVIEWER		39. SIGNATURE OF INTERVIEWER	
40. SIGNATURE OF INTERVIEWER		41. SIGNATURE OF INTERVIEWER		42. SIGNATURE OF INTERVIEWER	
43. SIGNATURE OF INTERVIEWER		44. SIGNATURE OF INTERVIEWER		45. SIGNATURE OF INTERVIEWER	
46. SIGNATURE OF INTERVIEWER		47. SIGNATURE OF INTERVIEWER		48. SIGNATURE OF INTERVIEWER	
49. SIGNATURE OF INTERVIEWER		50. SIGNATURE OF INTERVIEWER		51. SIGNATURE OF INTERVIEWER	
52. SIGNATURE OF INTERVIEWER		53. SIGNATURE OF INTERVIEWER		54. SIGNATURE OF INTERVIEWER	
55. SIGNATURE OF INTERVIEWER		56. SIGNATURE OF INTERVIEWER		57. SIGNATURE OF INTERVIEWER	
58. SIGNATURE OF INTERVIEWER		59. SIGNATURE OF INTERVIEWER		60. SIGNATURE OF INTERVIEWER	
61. SIGNATURE OF INTERVIEWER		62. SIGNATURE OF INTERVIEWER		63. SIGNATURE OF INTERVIEWER	
64. SIGNATURE OF INTERVIEWER		65. SIGNATURE OF INTERVIEWER		66. SIGNATURE OF INTERVIEWER	
67. SIGNATURE OF INTERVIEWER		68. SIGNATURE OF INTERVIEWER		69. SIGNATURE OF INTERVIEWER	
70. SIGNATURE OF INTERVIEWER		71. SIGNATURE OF INTERVIEWER		72. SIGNATURE OF INTERVIEWER	
73. SIGNATURE OF INTERVIEWER		74. SIGNATURE OF INTERVIEWER		75. SIGNATURE OF INTERVIEWER	
76. SIGNATURE OF INTERVIEWER		77. SIGNATURE OF INTERVIEWER		78. SIGNATURE OF INTERVIEWER	
79. SIGNATURE OF INTERVIEWER		80. SIGNATURE OF INTERVIEWER		81. SIGNATURE OF INTERVIEWER	
82. SIGNATURE OF INTERVIEWER		83. SIGNATURE OF INTERVIEWER		84. SIGNATURE OF INTERVIEWER	
85. SIGNATURE OF INTERVIEWER		86. SIGNATURE OF INTERVIEWER		87. SIGNATURE OF INTERVIEWER	
88. SIGNATURE OF INTERVIEWER		89. SIGNATURE OF INTERVIEWER		90. SIGNATURE OF INTERVIEWER	
91. SIGNATURE OF INTERVIEWER		92. SIGNATURE OF INTERVIEWER		93. SIGNATURE OF INTERVIEWER	
94. SIGNATURE OF INTERVIEWER		95. SIGNATURE OF INTERVIEWER		96. SIGNATURE OF INTERVIEWER	
97. SIGNATURE OF INTERVIEWER		98. SIGNATURE OF INTERVIEWER		99. SIGNATURE OF INTERVIEWER	
100. SIGNATURE OF INTERVIEWER		101. SIGNATURE OF INTERVIEWER		102. SIGNATURE OF INTERVIEWER	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

K-420
52 1236

KOWALEWSKI
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1236
Registered No.

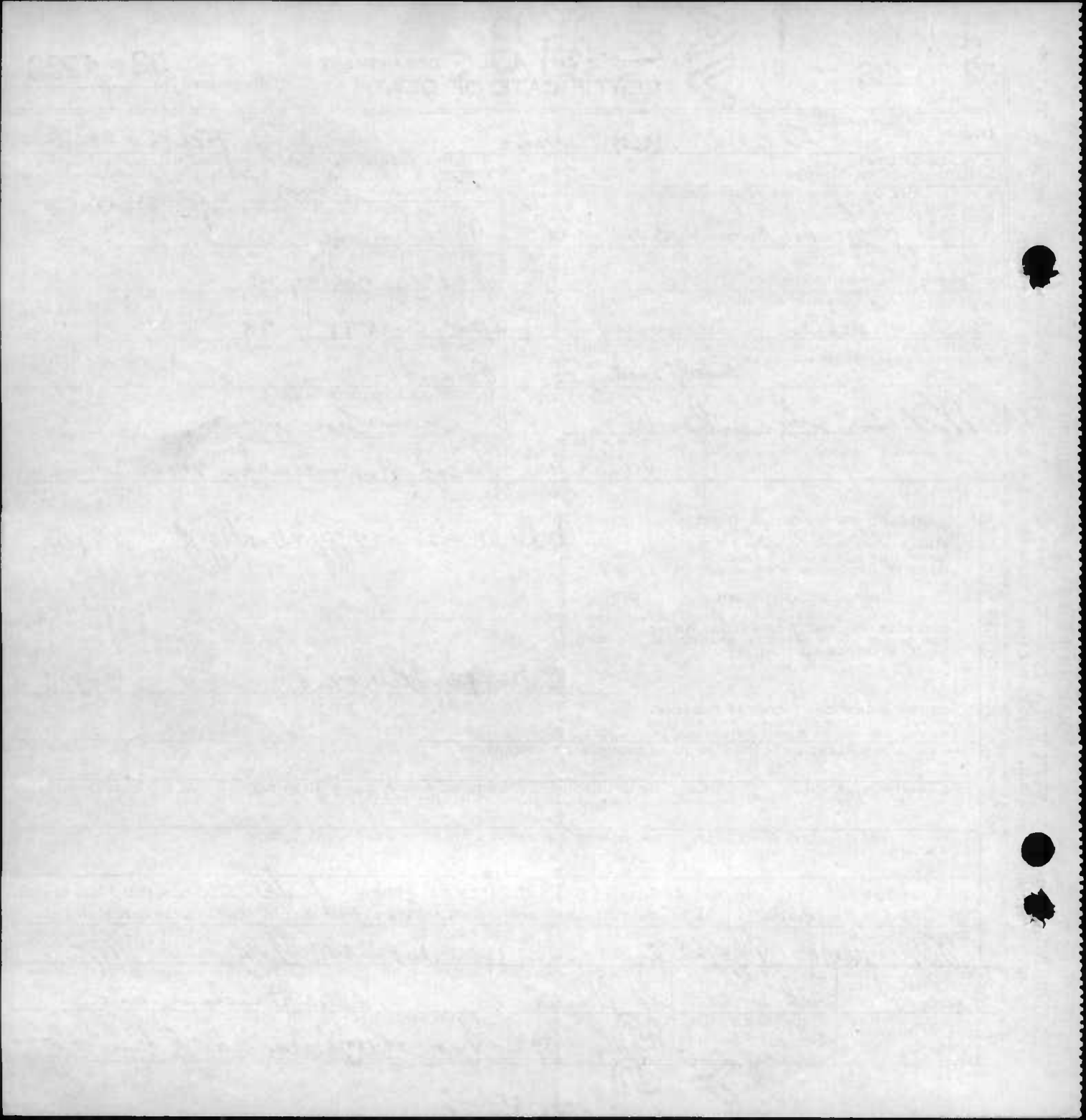
BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Felicia Kowalewski</i>		2. DATE OF DEATH <i>Feb. 8 - 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Johns Hopkins Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write local, and give township) <i>Baltimore</i>			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>917 S. Belmond ave</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>April 16 - 1878</i>	9. AGE (In years last birthday) <i>73</i>	10. Under 1 Year Months: Days 11 Under 24 hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY <i>Robert's Packing Co.</i>		11. BIRTHPLACE (State or foreign country) <i>Poland</i>	
13. FATHER'S NAME <i>William Szamborski</i>		14. MOTHER'S MAIDEN NAME <i>unknown</i>		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. <i>214-03-1101</i>		17. INFORMANT ADDRESS <i>Jacob Kowalewski 917 S. Belmond ave</i>	
18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO (A) <i>Arteriosclerosis, generalized</i> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) DUE TO (C) <i>Coronary Sclerosis</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH <i>10 yrs.</i> <i>3 yrs.</i>	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Febr. 6, 1952</i> to <i>Febr. 8, 1952</i> , that I last saw the deceased alive on <i>Febr. 6, 1952</i> , and that death occurred at <i>12:30 A.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Benjamin Spharlem</i>		23B. ADDRESS <i>121 S. HIGHLAND AVE</i>		23C. DATE SIGNED <i>2/8/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>		24B. DATE <i>Feb 11-1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>St. Stanislaus</i>	
24D. LOCATION (City, town, or county) (State) <i>1300 DUNDALK ave</i>		25. FUNERAL DIRECTOR ADDRESS <i>George R. Weber 705 S. Sun rd</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 8 - 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>			

VS 150

69042

94a

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 1237
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Hiltner, George

2. DATE
OF
DEATH

February 7, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1340 Washington Blvd

c. Length of stay in Baltimore

Life

6. SEX

M.

7. COLOR OR RACE

W.

8. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Widowed

9. DATE OF BIRTH

Aug-7-1876

10. AGE (In years last birthday)

78-75

11. Under 1 Year Months: Days

12. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired-Motorman

10B. KIND OF BUSINESS OR INDUSTRY

Balto. Transit Co.

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Adam Hiltner

14. MOTHER'S MAIDEN NAME

Mary Sugel

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

213-10-0413

17. INFORMANT

Nelson R. Hiltner 4602 Lawn Park Rd

ADDRESS

18.

420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Probable myocardial infarction,

DUE TO acute

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Obstructive laryngeal lesion

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from February 6, 1952 to February 7, 1952, that I last saw the deceased alive on Feb. 7, 1952, and that death occurred at 1:05 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Mia 328

23B. ADDRESS

1400 N. Caroline St.

23C. DATE SIGNED

Feb. 7, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial Feb 11-1952

Londow Park

Balto

Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 8-1952

Huntington Williams & Son John H. Geigel 5311 Edmondson Ave

VS 150

94a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

7

CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of informant		12. Signature of witness	
13. Signature of funeral director		14. Signature of undertaker		15. Signature of cemetery	
16. Signature of burial place		17. Signature of burial place		18. Signature of burial place	
19. Signature of burial place		20. Signature of burial place		21. Signature of burial place	
22. Signature of burial place		23. Signature of burial place		24. Signature of burial place	
25. Signature of burial place		26. Signature of burial place		27. Signature of burial place	
28. Signature of burial place		29. Signature of burial place		30. Signature of burial place	
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52. Signature of burial place		53. Signature of burial place		54. Signature of burial place	
55. Signature of burial place		56. Signature of burial place		57. Signature of burial place	
58. Signature of burial place		59. Signature of burial place		60. Signature of burial place	
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70. Signature of burial place		71. Signature of burial place		72. Signature of burial place	
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76. Signature of burial place		77. Signature of burial place		78. Signature of burial place	
79. Signature of burial place		80. Signature of burial place		81. Signature of burial place	
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85. Signature of burial place		86. Signature of burial place		87. Signature of burial place	
88. Signature of burial place		89. Signature of burial place		90. Signature of burial place	
91. Signature of burial place		92. Signature of burial place		93. Signature of burial place	
94. Signature of burial place		95. Signature of burial place		96. Signature of burial place	
97. Signature of burial place		98. Signature of burial place		99. Signature of burial place	
100. Signature of burial place		101. Signature of burial place		102. Signature of burial place	



J-525
52 1238

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1238

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Wilmer B. Jenkins

2. DATE
OF
DEATH

Feb 7, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 526 E. North Ave

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years; last birthday)

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18.

156.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary heart failure

DUE TO

ANTECEDENT CAUSES

(B)

Carcinoma of liver.

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-16, 1951, to February 7, 1952, that I last saw the deceased alive on 2-7, 1952, and that death occurred at 6:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Jack J. Singer

23B. ADDRESS

506 E. North Ave

23C. DATE SIGNED

2-8-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial Feb 11-1952 Greenmount

Balt

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 8 - 1952

Huntington Williams, M.D.

John F. Geyfel

VS 150

39053

46F

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE IN INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

B

650

52 1239

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1239
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Clarence Bryan - CLARENCE A. BRYAN

2. DATE
OF
DEATH

February 7, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence

A. STATE

B. COUNTY

(before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Savannah
509 1/2 37th St.

c. Length of stay in Baltimore

8 Mos. Days

5. SEX

male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

1-11-00

9. AGE (in years
last birthday)

52

If Under 1 Year
Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Chick.

10B. KIND OF BUSINESS OR
INDUSTRY

Drug Co.

11. BIRTHPLACE (State or foreign country)

Savannah - Ga

12. CITIZEN OF
WHAT COUNTRY?

USA.

13. FATHER'S NAME

Rufus Bryan

14. MOTHER'S MAIDEN NAME

Alice Walker

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 33 X 1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral embolism

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-30, 1952, to 2-7, 1952, that I last saw the
deceased alive on 2-7, 1952, and that death occurred at 4:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

2/7/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 8 - 1952

Huntington Williams, M.D. 1300 Eutan Place

8312

VS 150

3904P

1300 Eutan Place

17

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 1240
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Nancy Mc Roy

2. DATE
OF
DEATH

2-6-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Balto. City*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF HOSPITAL OR INSTITUTION

38 University Hospital

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

639 W. Hoffman St

C. Length of stay in Baltimore *Life*

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 16 1901

9. AGE (In years last birthday)

50

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Elizabeth Caster

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
William McRoy 639 W. Hoffman St

18.

600.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Leukemia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Comp. heart failure

DUE TO

(C)

Chronic Pyelonephritis

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

>

>

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *2-5-52*, 19__, to *2-6-52*, 19__, that I last saw the deceased alive on *2-6-52*, 19__, and that death occurred at *46* m., from the causes and on the date stated above.

23A. SIGNATURE

D. B. Brumley M.D.

23B. ADDRESS

1000 Brantly Ave

23C. DATE SIGNED

2-7-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/11/1952

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county)

Brooklyn Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

FEB 8 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams M.D.

25. FUNERAL DIRECTOR

Elroy Wilson 1000 Brantly Ave

ADDRESS

VS 150

133a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

STATE OF NEW YORK
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

THIS CERTIFICATE IS TO BE FILLED OUT BY THE PHYSICIAN OR OTHER PERSON HAVING KNOWLEDGE OF THE CAUSE OF DEATH.

IT IS TO BE FILED IN THE OFFICE OF THE HEALTH COMMISSIONER, ALBANY, NEW YORK.

THE DEPARTMENT OF HEALTH, ALBANY, NEW YORK.

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 1241**

BIRTH NO. **1241** ID-156122

1. NAME OF DECEASED (Type or Print) George Loeffler			2. DATE OF DEATH Feb. 6, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Life Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 905 S. Fagley St. (24)		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 18, 1888		9. AGE (In years last birthday) 63
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brick-layer		10B. KIND OF BUSINESS OR INDUSTRY Bethlehem Steel Co.	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Loeffler			14. MOTHER'S MAIDEN NAME Mary Wachter		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 213-09-4052		17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Avenue	

MEDICAL CERTIFICATION

18. 443 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Thrombosis (A) Cerebral Thrombosis DUE TO		INTERVAL BETWEEN ONSET AND DEATH 3 Minutes Over 1 Yr.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive Cardio-vascular disease (B) Hypertensive Cardio-vascular disease DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1-29 , 19 52 , to 2-6 , 19 52 , that I last saw the deceased alive on 2-6 , 19 52 , and that death occurred at 12:45 pm , from the causes and on the date stated above.					
23A. SIGNATURE [Signature]		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 2-6-52	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Feb. 9, 1952	24C. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery	24D. LOCATION (City, town, or county) (State) 7225 Eastern Blvd. Balto. Co., Md.
--	----------------------------------	--	--

DATE RECEIVED BY LOCAL REGISTRAR FEB 8 - 1952	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR [Signature]	901 S. Conowing St.
---	---	--	----------------------------

VS 150

504 3A

937

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1242

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Jennie Boblitz

2. DATE
OF
DEATH

2-6-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTIONBaltimore City Hospitals
4940 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give

Baltimore

township)

D. STREET ADDRESS (If rural, give location)

2405 E. Preston St.

8-03

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

B. DATE OF BIRTH

Nov. 22-1877

9. AGE (In years

last birthday)

74

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY

13. FATHER'S NAME

Henry Birkhead

(D)

14. MOTHER'S MAIDEN NAME

Catherine Swarnstedt

(D)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Records: Baltimore City Hospitals
4940 Eastern Ave.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Pneumonia

DUE TO

7 Days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Possible Subarachnoid Hemorrhage

DUE TO

1 Day

Hypertensive arteriosclerotic cardio-vascular

(C) Disease

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-28-1951, to 2-6-1952, that I last saw the
deceased alive on 2-6-1952, and that death occurred at 1.10 PM, from the causes and on the date stated above.

23A. SIGNATURE

R. L. Crozer

M. D.

23B. ADDRESS

4940 Eastern Ave., Baltimore, Md.

23C. DATE SIGNED

2-7-1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

2-9-1951

24C. NAME OF CEMETERY OR CREMATORY

London Park Cem. Frederick Ave. Balt Md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

John B. Miller, Inc. 2430 E. Oliver St

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 1243**

BIRTH NO. **52 1243**

1. NAME OF DECEASED (Type or Print) JEOPILA WIATR		2. DATE OF DEATH February 6, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 6437 Bushey Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-05	
c. Length of stay in Baltimore 39 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 6437 Bushey Street	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Sept 8, 1896
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 55 If Under 1 Year Months Days If Under 24 Hours Hours Min.
13. FATHER'S NAME ANTONI RODZIEWICZ		11. BIRTHPLACE (State or foreign country) POLAND	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME UNKNOWN	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS STANLEY WIATR 6437 Bushey St.	

18. 4221 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIB. <input type="checkbox"/> UTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I certify that I took charge of the remains described above, held an <u>Partial Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .				
23A. SIGNATURE R. S. Fisher		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D.		23C. DATE SIGNED Feb. 7, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE FEB. 11/52	24C. NAME OF CEMETERY OR CREMATORY SACRED HEART MARY	24D. LOCATION (City, town, or county) (State) GERMAN HILL ROAD
DATE RECEIVED BY LOCAL REGISTRY FEB 8 - 1952		25. FUNERAL DIRECTOR ADDRESS Huntington Williams, M. Stephen J. Frankowski, Inc. 1000 S. KENWOOD AVE	

V S 151

937

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

Blank certificate form with horizontal lines for text entry.

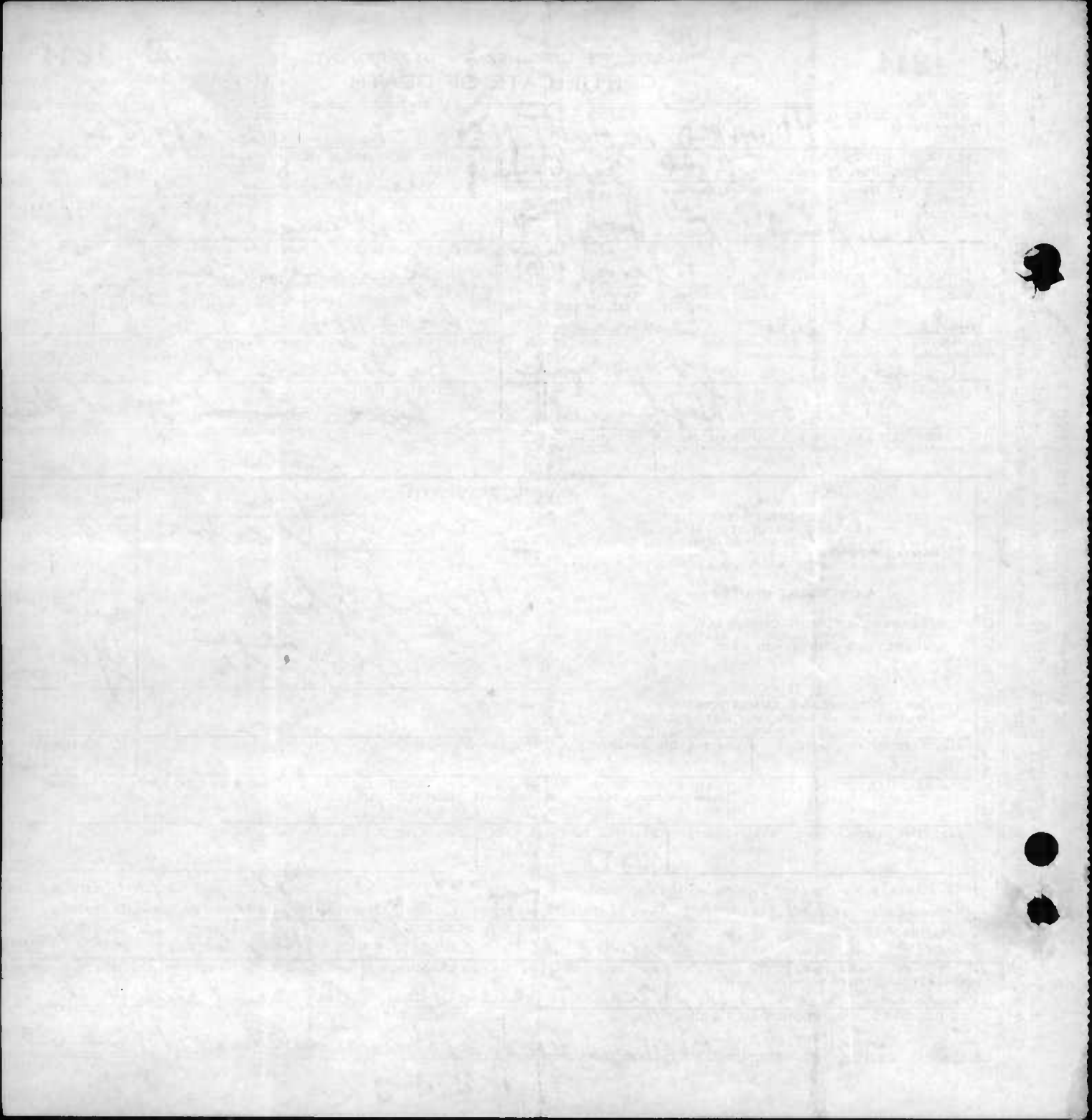
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1244

BIRTH NO. 52 1244			1. NAME OF DECEASED (Type or Print) EDWARD A. HOFFMEISTER			2. DATE OF DEATH 2/7/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balt - Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore					
B. FULL NAME OF (If not in hospital or institution, give street address or location) Maryland Gen. Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore					
c. Length of stay in Baltimore life			D. STREET ADDRESS (If rural, give location) Lennings Lane 52 #6					
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) divorced		8. DATE OF BIRTH Dec 3, 1884		9. AGE (In years last birthday) 67		10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter			10B. KIND OF BUSINESS OR INDUSTRY self-employed		11. BIRTHPLACE (State or foreign country) Baltimore Co.			12. CITIZEN OF WHAT COUNTRY? United States
13. FATHER'S NAME Albert Hoffmeister			14. MOTHER'S MAIDEN NAME Elizabeth Margaret Steiner			17. INFORMANT ADDRESS		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.					

MEDICAL CERTIFICATION	18. 610X		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Coronary thrombosis		1 day
	ANTECEDENT CAUSES		(B) Hypertrophic		
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) Prostate		1 year
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1/24/1952 to 2/7/1952 that I last saw the deceased alive on 2/7/1952 and that death occurred at 10:40 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Anthony C. Venone M.D.		23B. ADDRESS Maryland Gen. Hosp.		23C. DATE SIGNED 2/7/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE Feb 10, 1952	24C. NAME OF CEMETERY OR CREMATORY Zion Lutheran Cem.		24D. LOCATION (City, town, or county) (State) Stamms Run, Md.	
DATE RECEIVED BY LOCAL REGISTRAR FEB 8 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Loisahn French Home - 7401 Belair Rd	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1245

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GEORGE FRANK ABRECHT

2. DATE
OF DEATH Feb. 6, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF
HOSPITAL OR INSTITUTION

Union Memorial Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

614 East 27th Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Oct. 15, 1883

9. AGE (In years
last birthday)

68

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired Police Officer

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Frederick, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George F. Abrecht

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. M.M. Abrecht, 2919 Hillcrest Ave

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

2 Wk.

2 years

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

None

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 12, 1950 to Jan 5, 1952, that I last saw the deceased alive on 2/5, 1952, and that death occurred at 345 m., from the causes and on the date stated above.

23A. SIGNATURE

Daniel J. Ruck

M. D.

23B. ADDRESS

4510 Stanford Road

23C. DATE SIGNED

2/7/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2-10-52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cemetery

24D. LOCATION (City, town, or county) (State)

Frederick, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 8 - 1952

Huntington Williams, M.D.

Leonard J. Ruck, 5305 Harford Road.

VS 150

773 93

937

VALLEY
GON PRESS
BOND
1500 X 1000



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1246
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EDWARD

MISCLEWOJEWSKI

2. DATE
OF
DEATH

February 6, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

C. CITY OR TOWN (If outside corporate limits write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4003 Sutton Avenue

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

6-15-1904

9. AGE (In years
last birthday)

47

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Seaman

10B. KIND OF BUSINESS OR
INDUSTRY

Ships

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Anthony Misciwowski

14. MOTHER'S MAIDEN NAME

Constance Kryszkiewicz

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

217-22-7657

17. INFORMANT

ADDRESS

Joseph Misciwowski 701 S. Bond St.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Acute alcoholism

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. F. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☐
MEDICAL INVESTIGATOR.....☐23C. DATE SIGNED
Feb. 6, 195224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 8-52

24C. NAME OF CEMETERY OR CREMATORY

Holy Rosary

24D. LOCATION (City, town, or county)

Balto. Co. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. S. Fialkowski 2007 Eastern Ave

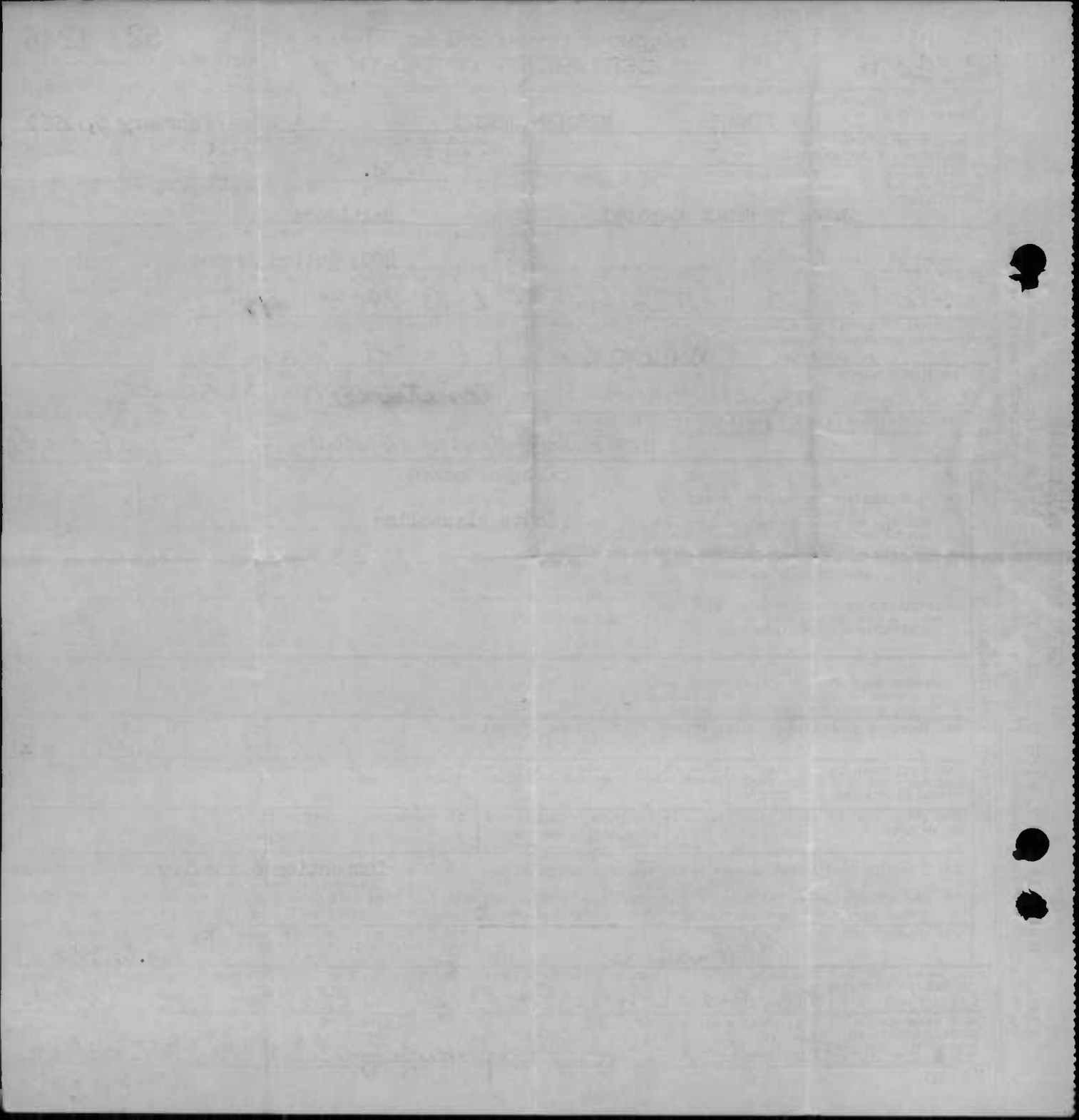
VS 151

673 55

77c

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 1247

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Iva Nora Batching

2. DATE

OF DEATH Feb 7, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Bal to

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Good Samaritan Nursing Home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md.

B. COUNTY

C. CITY OR TOWN

Baltimore, Md.

D. STREET ADDRESS (If rural, give location)

1323 Spring Avenue

c. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

9-15-92

9. AGE (in years last birthday)

80

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

? Milke

14. MOTHER'S MAIDEN NAME

? ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Phillip Batching- 1323 Spring Avenue

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) ANTERIOR SCLEROTIC CARDIOMYOPATHY
DUE TO VASCULAR DISEASE & CONGESTIVE HEART FAILURE

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) SENILITY
(C)II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/19, 1952 to 2/6, 1952 that I last saw the deceased alive on 2/6, 1952, and that death occurred at 2:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2-9-52

24C. NAME OF CEMETERY OR CREMATORY

Schwartz's

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 8 - 1952

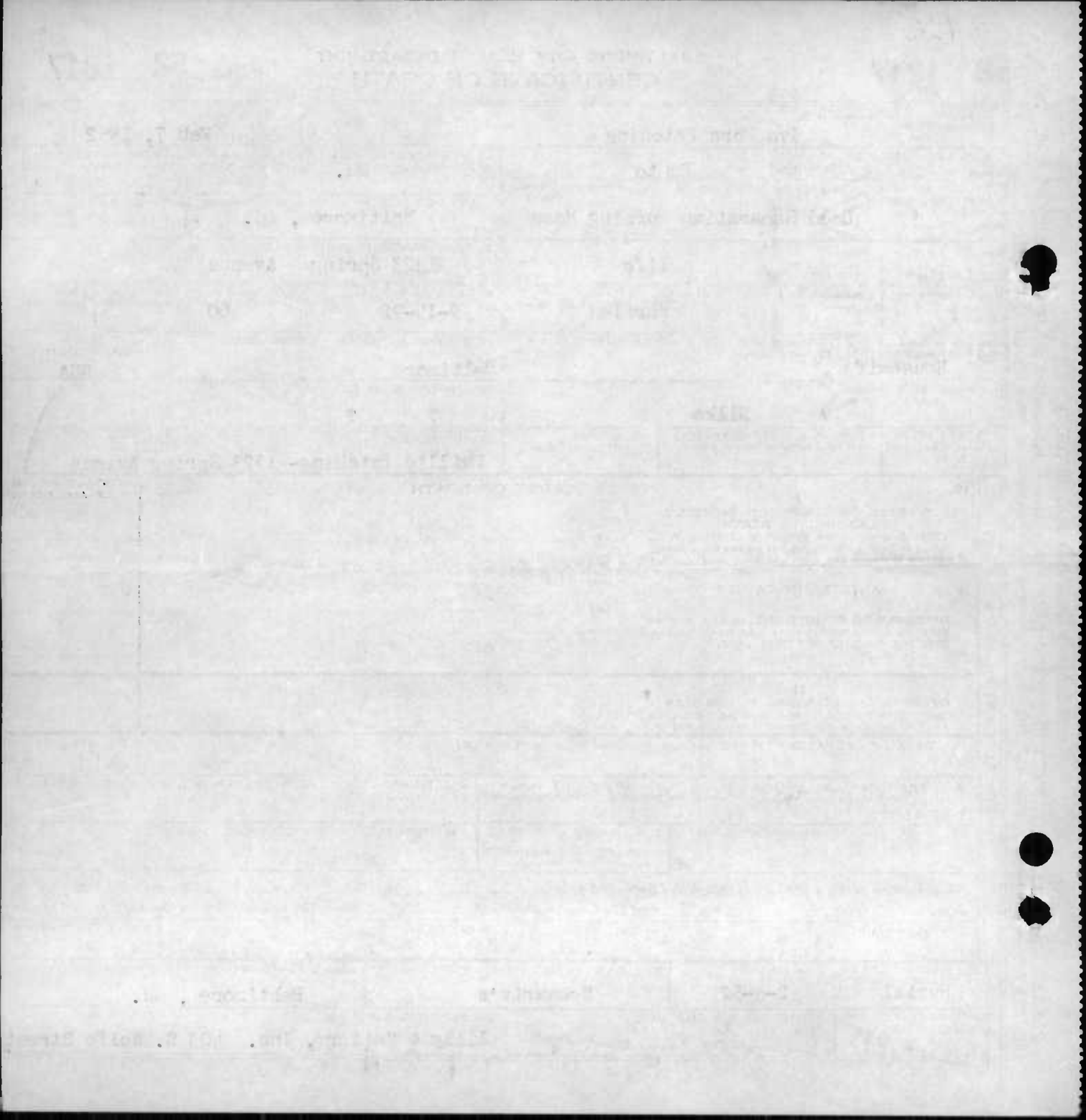
Huntington Williams, M.D.

Lilly & Zeiler, Inc. 403 S. Wolfe Street

VS 150

019520001246

920



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1248

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

AUGUSTA DORTHEA THOMAS

2. DATE
OF
DEATH

2/6/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

B. FULL NAME OF (If not in hospital or institution, give street address or location)

4524 MARBLE HALL RD.

D. STREET ADDRESS (If rural, give location)

4524 MARBLE HALL RD

c. Length of stay in Baltimore

80 yrs.

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widow

8. DATE OF BIRTH

8/15/1871

9. AGE (In years last birthday)

80

If Under 1 Year
Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Homemaker

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Frederick Fleischer

14. MOTHER'S MAIDEN NAME

Pauline

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs Anna Herr

ADDRESS

same

18. 443 X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Cardiac - Vascular Hypertensive Disease 10 years

(C) Atherosclerosis 10 years

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Dec. 5, 1951, to Feb 6, 1952, that I last saw the deceased alive on Dec 5, 1952, and that death occurred at 4:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Michael J. Dousch

M. D.

23B. ADDRESS

4636 Belair Road

23C. DATE SIGNED

2/6/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/12/52

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

FEB 8 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Mac Drabik & Son

ADDRESS

Catonville 28

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 1249**BIRTH NO. **52 1249**

1. NAME OF DECEASED (Type or Print) GEORGIA H. B. JORD		2. DATE OF DEATH 2/3/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md. B. COUNTY 12-07	
B. FULL NAME OF HOSPITAL OR INSTITUTION 2101 N. Howard St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 3		D. STREET ADDRESS (If rural, give location) 2101 N. Howard St	
5. SEX Female	6. COLOR OR RACE Col	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH June 18 1891
9. AGE (In years last birthday) 59	10. UNDER 1 Year Months: - Days: -	11. UNDER 24 Hours Hours: - Min: -	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cord		10B. KIND OF BUSINESS OR INDUSTRY Domestic	
11. BIRTHPLACE (State or foreign country) N. Carolina		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John Hooper		14. MOTHER'S MAIDEN NAME Mary Smith	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. -	
17. INFORMANT Elizabeth Bates		ADDRESS -	
18. 421.4 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Obv Endocarditis DUE TO + Myocarditis INTERVAL BETWEEN ONSET AND DEATH 2 yrs			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2/1/52 , to 2/3/52 , that I last saw the deceased alive on 2/3/52 , and that death occurred at 4 P. m., from the causes and on the date stated above.			
23A. SIGNATURE Dr. Trauer		23B. ADDRESS 102 C. See	
23C. DATE SIGNED 2/7/52			
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE 2/7/52	24C. NAME OF CEMETERY OR CREMATORY mt Auburn	24D. LOCATION (City, town, or county) (State) Baltimore Md
DATE RECEIVED BY LOCAL REGISTRAR FEB 8 - 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Isaac & Brown Inc 108 W 720 SA	
		ADDRESS montgomery St 92E	

0887 90

W. H. H. H.

CERTIFICATE

0887 90

W. H. H. H.



W. H. H. H.

W. H. H. H.

W. H. H. H.

W. H. H. H.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 1250**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) *Annie Mary Mitchell*2. DATE OF DEATH *Feb 7, 1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland *4506 Sorrento Rd*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE *Maryland* B. COUNTY *Baltimore*B. FULL NAME OF HOSPITAL OR INSTITUTION *Colonial Nursing Home*C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) *Baltimore 20-06*c. Length of stay in Baltimore *Life*Yrs.
Mos.
DaysD. STREET ADDRESS (If rural, give location) *3056 Stafford Street*5. SEX *Female*6. COLOR OR RACE *White*7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) *Widowed*8. DATE OF BIRTH *Oct 29, 1883*9. AGE (In years last birthday) *68*If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *Housewife*10B. KIND OF BUSINESS OR INDUSTRY *Home*11. BIRTHPLACE (State or foreign country) *Baltimore Maryland*12. CITIZEN OF WHAT COUNTRY? *U.S.A*13. FATHER'S NAME *James F. Neigoff*14. MOTHER'S MAIDEN NAME *Unknown*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT *James F. Mitchell*ADDRESS *3056 Stafford St.*18. *472.1*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) *ARTERIO-SCLEROTIC DISEASE -*
DUE TO *ASCULAR DISEASE & CEREBRAL ANOXEMIA & CONGESTIVE FAILURE*

ANTECEDENT CAUSES

(B) *PNEUMIA - MILD*
DUE TO *CACHEXIA & SENILITY*

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.19A. DATE OF OPERATION *0*

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *2/1*, 19*52*, to *2/7*, 19*52*, that I last saw the deceased alive on *2/7*, 19*52*, and that death occurred at *4.4* a.m., from the causes and on the date stated above.23A. SIGNATURE *William H. ...*

M. D.

23B. ADDRESS *701 ...*23C. DATE SIGNED *2/8/52*24A. BURIAL, CREMATION, REMOVAL (Specify) *Burial*24B. DATE *Feb 9, 1952*24C. NAME OF CEMETERY OR CREMATORY *London Park*24D. LOCATION (City, town, or county) (State) *Baltimore, Maryland*

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE *Huntington Williams, M.D.*25. FUNERAL DIRECTOR *Foring Byers*ADDRESS *5005 ...**FEB 9 - 1952*

Dr. Shaw.
701 Cherry Grove
Road.

1 Trans.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 1251
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Vera Lee Decker

2. DATE
OF
DEATH

Feb. 7-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Baltimore City Hospitals

4940 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give

Baltimore

township)

D. STREET ADDRESS (If rural, give location)

5310 Cordelia Ave. zone 15

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

July 7- 1942

9. AGE (In years

last birthday)

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Richard Decker

14. MOTHER'S MAIDEN NAME

Maxine Stattlemyer (Stottlemeyer)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

16. SOCIAL
SECURITY NO.

17. INFORMANT ADDRESS
Records: Baltimore City Hospitals
4940 Eastern Ave.

18. 493X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Pneumonia

DUE TO

10 Days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-17-1952, to 2-7-1952, that I last saw the
deceased alive on 2-7-1952, and that death occurred at 5:55A.m., from the causes and on the date stated above.

23A. SIGNATURE

P.B. Rogers

M. D.

23B. ADDRESS

4940 Eastern Ave., Baltimore, Md.

23C. DATE SIGNED

2-7-1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 11, 1952

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park

24D. LOCATION (City, town, or county)

Baltimore Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 9-1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Loring Byers 5005 Park Heights Ave

ADDRESS

3 Trans.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

M-261
52 1252

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1252
Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print) <i>Laura V. Muggore</i>			2. DATE OF DEATH <i>Feb. 6, 1952</i>			
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>5315 Beaufort Ave</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>						
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>5315 Beaufort Ave</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore Maryland</i>						
C. Length of stay in Baltimore <i>25 yrs</i>			D. STREET ADDRESS (If rural, give location) <i>5315 Beaufort Ave 7-18</i>						
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>June 14, 1870</i>			9. AGE (In years last birthday) <i>81</i>		10. Under 1 Year Months: Days	11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Home</i>			11. BIRTHPLACE (State or foreign country) <i>Carroll Co., Maryland</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>John Easton</i>			14. MOTHER'S MAIDEN NAME <i>Carolina Easton</i>			15. INFORMANT ADDRESS <i>Mrs. O.R. Hilton 5315 Beaufort Ave</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.						

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>170x I Carcinomatosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 yrs</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Carcinoma of Breast</i>		<i>2-3 yrs</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>1946</i> , 19__, to <i>2/6</i> , 1952, that I last saw the deceased alive on <i>2/6</i> , 1952 and that death occurred at __ m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Edward S. Kallen</i> M.D.		23B. ADDRESS <i>1847 W. North Ave</i>		23C. DATE SIGNED <i>2/8/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Feb. 9, 1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Landon Park</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore, Maryland</i>		25. FUNERAL DIRECTOR ADDRESS <i>Loring Byers 5005 Park Heights</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 9 - 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>			

MARGIN RESERVED FOR BINDING

Dr. Kallens
3813 Donchester Rd

2 Francs

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 1253
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

James Smithson Wilson

2. DATE
OF
DEATH

2-8-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

MD HARFORD

B. FULL NAME OF HOSPITAL OR INSTITUTION

Union Memorial Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore Bel Air

D. STREET ADDRESS (If rural, give location)

6200

c. Length of stay in Baltimore

71

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

11-15-1880

9. AGE (In years last birthday)

71

10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Carpenter

10B. KIND OF BUSINESS OR INDUSTRY

SELF EMPLOYED

11. BIRTHPLACE (State or foreign country)

MD

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Burgess Wilson

14. MOTHER'S MAIDEN NAME

Flora Smithson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

unknown

16. SOCIAL SECURITY NO.

212-18-8509

17. INFORMANT

wife

ADDRESS

same

18.

201X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Hodgkin disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

generalized arteriosclerosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *1-9*, 1952, to *2-8*, 1952, that I last saw the deceased alive on *2-8*, 1952, and that death occurred at *4 P* m., from the causes and on the date stated above.

23A. SIGNATURE

William A. Anderson

23B. ADDRESS

Union Memorial Hosp. Feb. 8, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

FEB 12, 1952

24C. NAME OF CEMETERY OR CREMATORY

ST. IGNATIUS

24D. LOCATION (City, town, or county)

Hickory HARFORD Co., MD.

DATE RECEIVED BY LOCAL REGISTRAR

FEB 9-1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

JOSEPH H. FOSTER BEL AIR, Mo.

VS 150

51024

44B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

TEST 53

THE UNIVERSITY OF MICHIGAN LIBRARY

ANN ARBOR, MICHIGAN

TEST 53



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 1254**BIRTH NO. **51-27866**1. NAME OF DECEASED
(Type or Print)**John Westley Jenkins Jr.**

2. DATE

OF

DEATH

Feb. 4, 1952

3. PLACE OF DEATH:

A. **Baltimore City, Maryland**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTE) **Baltimore City Hospitals** (Location)**4940 Eastern Avenue**

C. CITY OR TOWN (If outside corporate limits, with RURAL, and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1137 S. Sharp St. (30)

c. Length of stay in Baltimore

LifeYrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Nov. 29, 1951

9. AGE (In years last birthday)

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Westley Jenkins Sr.

14. MOTHER'S MAIDEN NAME

Josephine Bennet

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT **Baltimore City Hospitals**
Records: 4940 Eastern Avenue

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Bronchopneumonia**

DUE TO

2 Days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Anemia**

DUE TO

?

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER- Lying ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **2-4**, 19**52**, to **2-4**, 19**52**, that I last saw the deceased alive on **2-4**, 19**52**, and that death occurred at **10:10** p.m., from the causes and on the date stated above.

23A. SIGNATURE

[Signature]

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

2-6-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

2/9/52

24C. NAME OF CEMETERY OR CREMATORY

Mt Auburn

24D. LOCATION (City, town, or county)

Balt City

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

108. ADDRESS

FEB 9 - 1952**Huntington Williams, M.D. - L. Brown & Son W. Montgomery**

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 1255**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**Emma Nora Tunstall**2. DATE OF DEATH
Feb 7, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE **Md.**

B. COUNTY

before admission)

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

826 Whitmor Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.

D. STREET ADDRESS (If rural, give location)

826 Whitmor Ave.

c. Length of stay in Baltimore

?

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

Sept 23, 1881

9. AGE (in years last birthday)

70

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

H. W.

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

John Childs

14. MOTHER'S MAIDEN NAME

Sarah Winston

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT

Muriel J. Jenkins 826 Whitmor Ave.

ADDRESS

18.

443X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Pyelonephrosis**2 weeks**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Generalized Arteriosclerosis**1 yr +**

DUE TO

(C)

Hypertensive Heart Disease**6 mos.**

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Dec 15, 1951**, to **Feb 7, 1952**, that I last saw the deceased alive on **2/7/1952** and that death occurred at **8:30 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE

J. Braden Morgan

23B. ADDRESS

2243 Madison Ave

23C. DATE SIGNED

2/8/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/10/52

24C. NAME OF CEMETERY OR CREMATORY

King Williams Co.

24D. LOCATION (City, town, or county) (State)

King Williams Co. Va.

DATE RECEIVED BY LOCAL REGISTRAR

FEB 9 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams M.D.

25. FUNERAL DIRECTOR

Geo. G. Kelson 13033 Presstman St.

ADDRESS

CERTIFICATE OF DEATH

IN THE DISTRICT OF COLUMBIA

NO. 1234

1912

Blank form with horizontal lines for text entry.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 1256

Registered No. _____

140
52 1256
BIRTH NO. 52-02796

1. NAME OF DECEASED (Type or Print) <i>Pamela Sue Chapel</i>			2. DATE OF DEATH <i>8 Feb. 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mercy Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
C. Length of stay in Baltimore <i>2+ days</i>			D. STREET ADDRESS (If rural, give location) <i>1028 Cathedral St.</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>S</i>	8. DATE OF BIRTH <i>27 Jan '52</i>		9. AGE (In years, last birthday) <i>12</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>none</i>		11. BIRTHPLACE (State or foreign country) <i>Md.</i>	
13. FATHER'S NAME <i>Edward W. Chapel</i>			12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			14. MOTHER'S MAIDEN NAME <i>Buretta Childers</i>		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS <i>Mrs. Buretta Chapel -1028 Cathedral St.</i>		

18. <i>776 X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Acute Bronchitis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i>
DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Pneumonia, Dehydration</i>		
DUE TO (B) _____ (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>2</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>7 Feb</i> , 1952, to <i>8 Feb</i> , 1952, that I last saw the deceased alive on <i>8 Feb</i> , 1952, and that death occurred at <i>4:15 A.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>L. Dale Simmons</i>		23B. ADDRESS <i>Mercy Hospital</i>		23C. DATE SIGNED <i>8 Feb '52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>2/9/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Olivet Cem.</i>	
24D. LOCATION (City, town, or county) (State) <i>Balto., Md.</i>		25. FUNERAL DIRECTOR <i>Wm. E. Dickerson & Sons</i> <i>159 Baito 17, Md.</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 9 - 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>			

STATE OF NEW YORK
IN SENATE
JANUARY 1, 1901.

REPORT OF THE
COMMISSIONER OF THE LAND OFFICE
FOR THE YEAR 1900.

1901

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 1257**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**PETER L. LEVER**2. DATE
OF
DEATH **Feb. 7, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION**3019 Oakhill Ave.**4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BaltimoreD. STREET ADDRESS (If rural, give location)
3019 Oakhill Ave.c. Length of stay in Baltimore
Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**married**

8. DATE OF BIRTH

Oct. 13, 18939. AGE (in years
last birthday)**58**10 Under 1 Year
Months: Days
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**Accountant**10B. KIND OF BUSINESS OR
INDUSTRY**Balto. City**

11. BIRTHPLACE (State or foreign country)

Maxville, Ontario, Canada12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William G. Lever

14. MOTHER'S MAIDEN NAME

Cordelia Rowe15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)**no**16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Peter L. Lever-3019 Oakhill Ave.

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

Cerebral HemorrhageINTERVAL BETWEEN
ONSET AND DEATH
40 mins

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Encephalitis
Generalized arteriosclerosis**10 years**

DUE TO

(C)

marked cerebral and coronary sclerosis**6-8 years****2 yrs**II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **19** to **19**, that I last saw the
deceased alive on **2/7/52**, and that death occurred at **12:22 AM** on **2/8/52** from the causes and on the date stated above.

23A. SIGNATURE

H. V. Harper

23B. ADDRESS

5201 Swynne Oak Ave

23C. DATE SIGNED

2/8/5224A. BURIAL, CREMA-
TION, REMOVAL (Specify)**Burial**

24B. DATE

2/11/52

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR**FEB 9 - 1952**

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. E. Tichner, Inc. - Balto. Md.

ADDRESS

Patient has been attended for some
years by Dr. M. Paul Byerly 3033 W. North Ave

See Dr. M. Paul Byerly's response to query

Document File 52-1257

2/25/52

ES

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1258

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ALBERT VINTON KING

2. DATE
OF
DEATH

February 7, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Anne Arundel

B. FULL NAME OF (If not in hospital or institution, give street address or location)

South Baltimore General Hospital

C. CITY OR TOWN

Riviera Beach

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Carroll & Church Road

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

divorced

8. DATE OF BIRTH

Apr. 17, 1910

9. AGE (In years last birthday)

41

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

machinist

10B. KIND OF BUSINESS OR INDUSTRY

Coast Guard

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Harry S. King

14. MOTHER'S MAIDEN NAME

Sophia A. Andreas

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Eleanor J. Elder-Riviera Beach, Md.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary occlusion

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William W. W. W.

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Feb. 8, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

2/11/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

ADDRESS

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 9-1952

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Q. Lang J. Tichner & Sons

38 1222

REPUBLIC OF TEXAS

1890

Chas. F. Johnson & Son
Austin, Texas

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 1259**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LOUISE HOMSHER

2. DATE
OF
DEATH

Feb. 9, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION **1504 N. Washington St.**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
1504 N. Washington St.

c. Length of stay in Baltimore

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

June 12, 1874

9. AGE (In years last birthday)

77

10 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Frazier Evans

14. MOTHER'S MAIDEN NAME

Juliann Pickel

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Effie Diffenbaugh-12 E. Farnam St. Lancaster, Pa.

18.

334X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

QUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

QUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

2 days

5 yrs

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **July 1951**, to **Feb. 9, 1952** that I last saw the deceased alive on **Feb 8, 1952** and that death occurred at **6:15 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE

Conrad L. Richter

23B. ADDRESS

1706 N. Washington St.

23C. DATE SIGNED

2/9/52

24A. BURIAL, CREMATION, REMOVAL (Specify)
Removal

24B. DATE

2/9/52

24C. NAME OF CEMETERY OR CREMATORY

-

24D. LOCATION (City, town, or county) (State)

Lancaster, Pa.

DATE RECEIVED BY LOCAL REGISTRAR

FEB 9 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

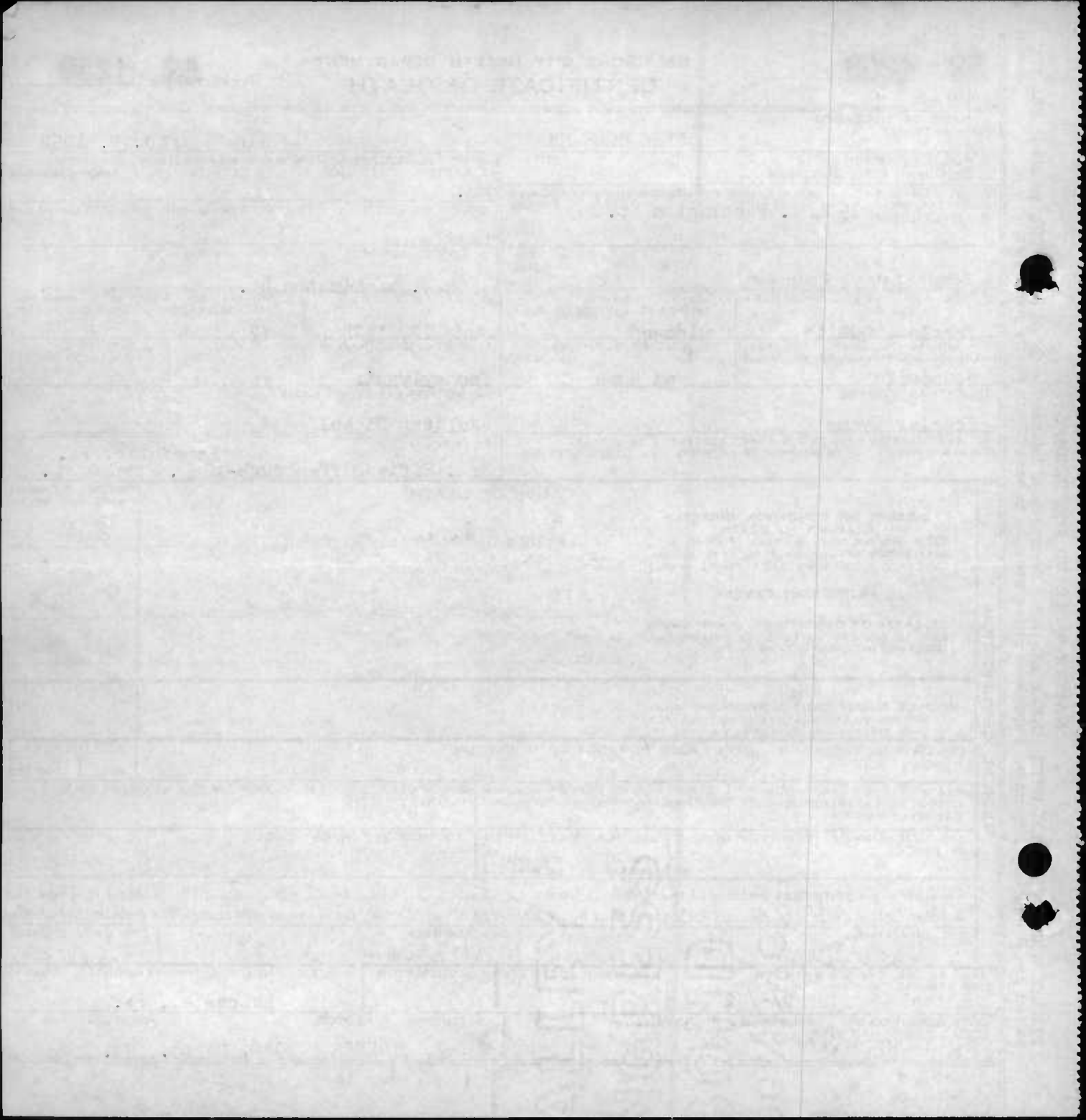
WM. J. TICKNER & SONS, Balto., Md.

ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 1260**

BIRTH NO. **51-29820**

1. NAME OF DECEASED
(Type or Print)

Susan Beth Robinson

2. DATE
OF
DEATH

Feb 8, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

3306 Dorithan Road

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3306 Dorithan Road

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Child

8. DATE OF BIRTH

Dec 15, 1951

9. AGE (In years last birthday)

If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Benno Robinson

14. MOTHER'S MAIDEN NAME

Nathalie Farber

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Benno Robinson 3306 Dorithan Road

18.

754.4

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

QUE TO

Congenital Heart Disease

INTERVAL BETWEEN ONSET AND DEATH

7 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

QUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *Dec. 15, 1951* to *Feb. 8, 1952*, that I last saw the deceased alive on *Feb. 7, 1952*, and that death occurred at *5A. m.*, from the causes and on the date stated above.

23A. SIGNATURE

Dr. H. M. Macks

23B. ADDRESS

3306 Dorithan Road

23C. DATE SIGNED

Feb-8/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb 10, 1952

24C. NAME OF CEMETERY OR CREMATORY

Beni Israel Cong Cemetery

24D. LOCATION (City, town, or county)

Southern Ave Balto Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

FEB 9 - 1952

REGISTRAR'S SIGNATURE

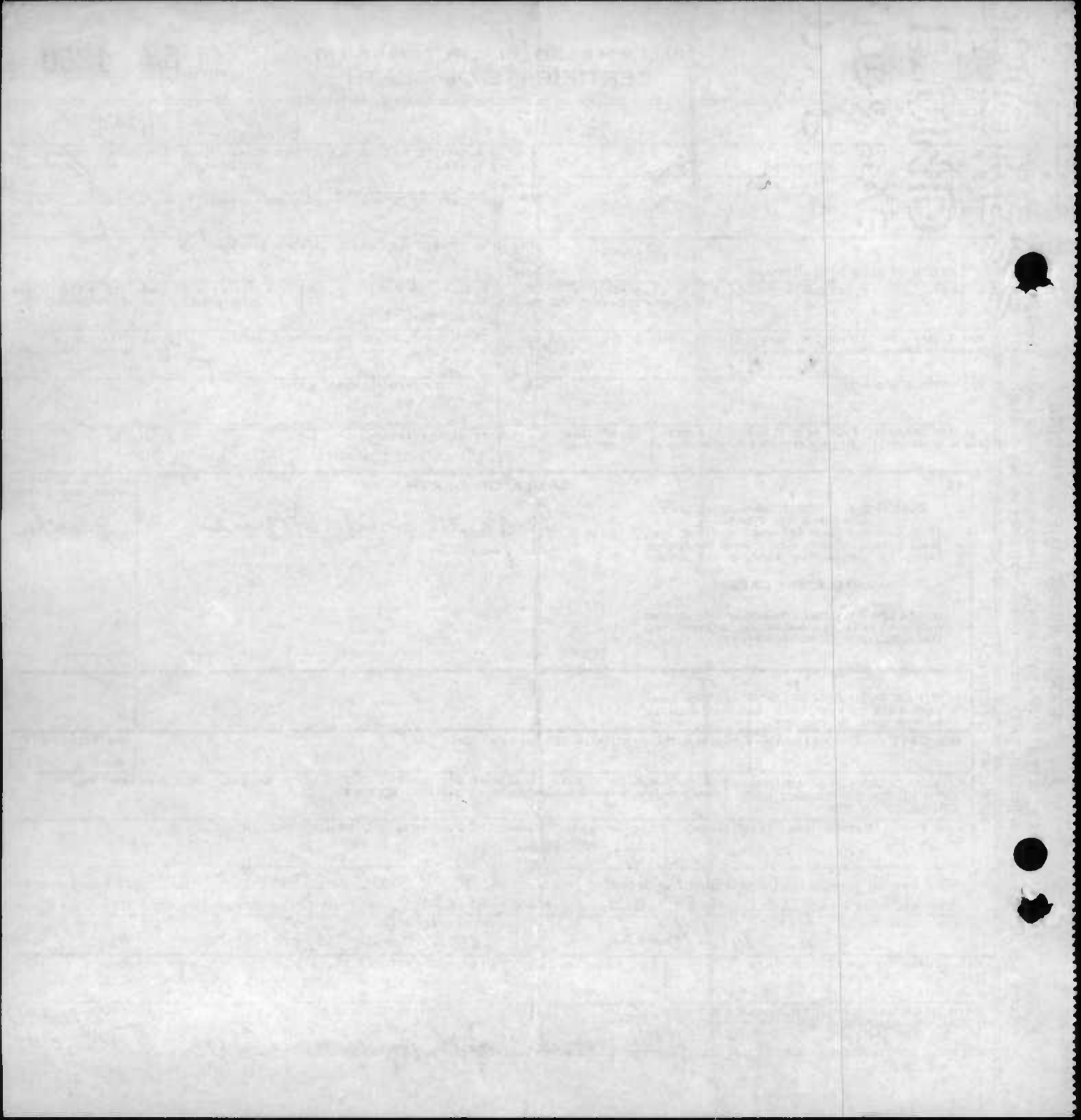
Huntington Williams, M.D.

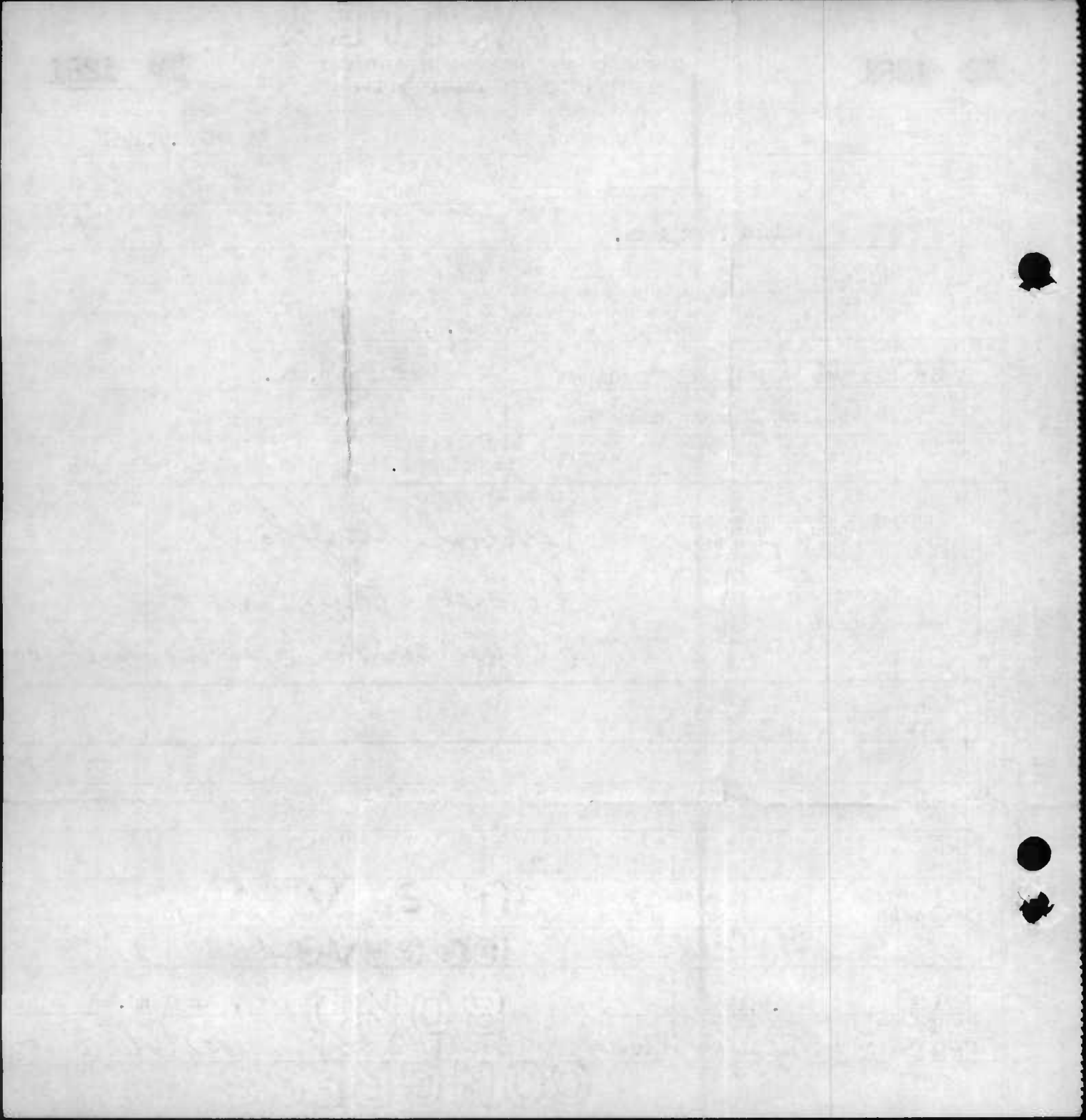
25. FUNERAL DIRECTOR

Robt J. Williams, Burs

ADDRESS

11260 North Ave





BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1262

BIRTH NO. 52 1262

1. NAME OF DECEASED (Type or Print) WILLIAM EDGAR LEAR			2. DATE OF DEATH Feb. 8, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Pennsylvania B. COUNTY V-35		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION South Baltimore General Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Altoona		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 716 8th Avenue		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 7-6-06	9. AGE (In years last birthday) 45	10. Months: _____ Days: _____ Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Boiler maker		10B. KIND OF BUSINESS OR INDUSTRY Steel industry	11. BIRTHPLACE (State or foreign country) Pennsylvania		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Franklin Lear			14. MOTHER'S MAIDEN NAME Effie Stein		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) yes		(If yes, give war or dates of service) World War II	16. SOCIAL SECURITY NO. _____		
17. INFORMANT Paul Ickes - 2114 Boyd Street			ADDRESS _____		

18. **4221** CAUSE OF DEATHDISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Arteriosclerotic cardiovascular disease**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) _____

DUE TO

(C) _____

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION _____ 19B. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.23A. SIGNATURE **R. S. Fisher** M.D. 23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐ 23C. DATE SIGNED **2-9-52**24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **2-12-52** 24C. NAME OF CEMETERY OR CREMATORY **Greenmount** 24D. LOCATION (City, town, or county) (State) **Roaring Spring, Pa.**DATE RECEIVED BY LOCAL REGISTRAR **FEB 9 - 1952** REGISTRAR'S SIGNATURE **Huntington Williams, M.D.** 25. FUNERAL DIRECTOR **Geo. J. Schwab** ADDRESS **2101 Frederick Avenue**

5081

53

5081

53



1-20-57

1-20-57

10-17

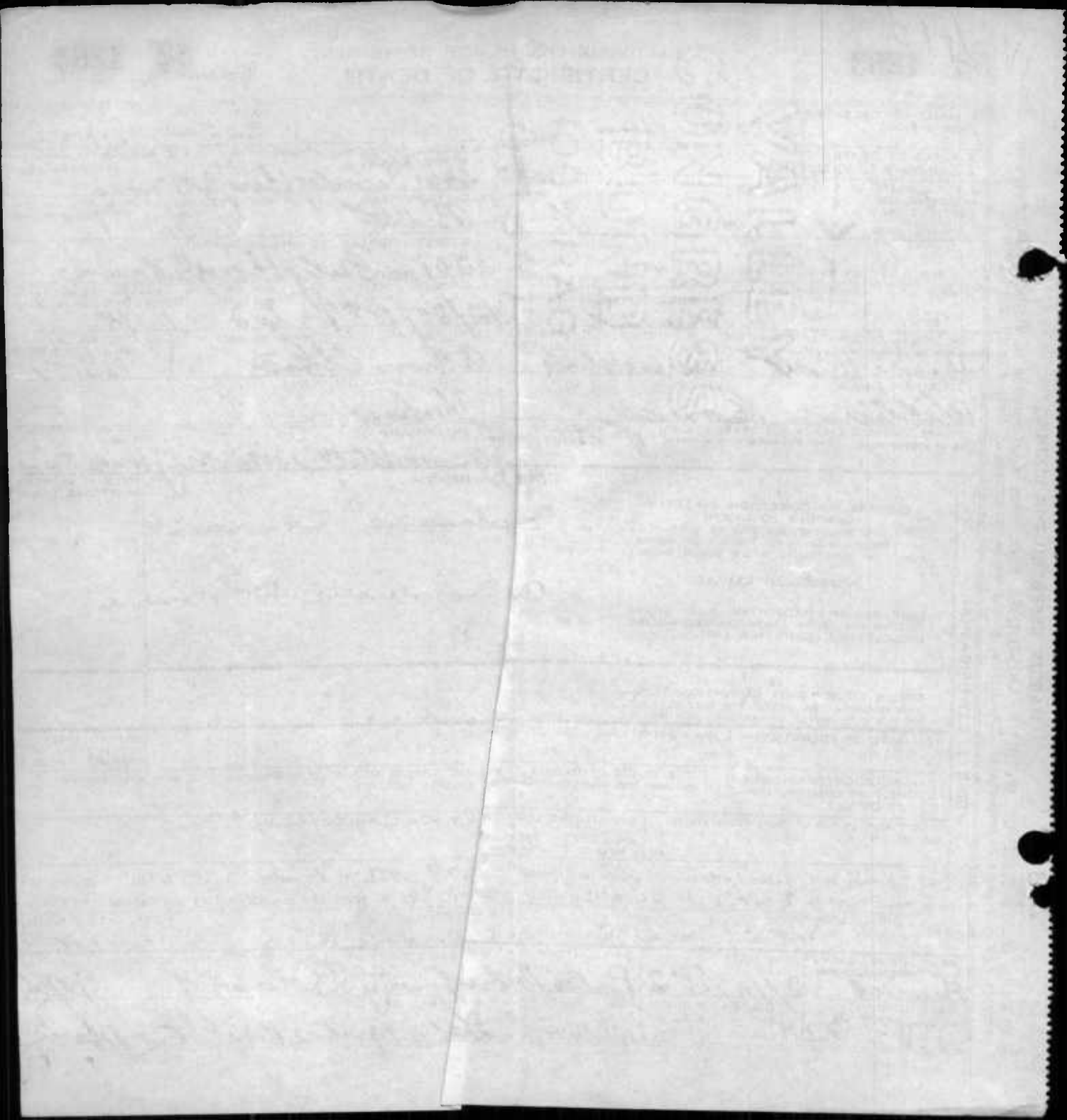
MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1263
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) ETTA WOLF		2. DATE OF DEATH Feb 7, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY Baltimore			
B. FULL NAME OF HOSPITAL OR INSTITUTION SINAI		C. CITY OR TOWN Baltimore (If not in hospital or institution, give street address or location) 3-04			
C. Length of stay in Baltimore 40 years		D. STREET ADDRESS (If rural, give location) 2201 Liberty Heights Ave			
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12/20/1889	9. AGE (In years last birthday) 62	10. Under 1 Year Months: 1 Days: 18
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work		10B. KIND OF BUSINESS OR INDUSTRY House Work		11. BIRTHPLACE (State or foreign country) Akron Ohio	
13. FATHER'S NAME William Corey		14. MOTHER'S MAIDEN NAME Unknown		12. CITIZEN OF WHAT COUNTRY? U.S.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT Jerome Wolf ADDRESS 2201 Liberty Heights Ave	
18. 4700 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) myocardial infarction DUE TO (B) arteriosclerotic HT Disease DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., about home, farm, factory, street, office, etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from in 28, 1952 to Feb 7, 1952 that I last saw the deceased alive on Feb 7, 1952 and that death occurred at 12:43 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Robert Sander		23B. ADDRESS Seneca Ave		23C. DATE SIGNED Feb 7, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/10/52		24C. NAME OF CEMETERY Baltimore Hebrew Cemetery	
24D. LOCATION (City, town, or county) Baltimore		24E. REGISTRAR'S SIGNATURE Huntington Williams, M.D.		24F. ADDRESS 1902 Entaw Place	
DATE RECEIVED BY LOCAL REGISTRAR FEB 9 - 1952					



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 1264
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EARL HAMILTON

2. DATE
OF
DEATH

February 7, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

1112 W. Lexington Street

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

July 18, 1934

9. AGE (In years last birthday)

17

10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Student

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William E Hamilton

14. MOTHER'S MAIDEN NAME

Evelyn Elise

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Evelyn Hamilton

ADDRESS

1112 W. Lex. St.

18. **E 919.01**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, assthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Gun Shot wound of Head**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

House

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

27 N. Vincent Street

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

Feb. 6, 1952 11:30 P.m.

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Firearms

22. I certify that I took charge of the remains described above, held an **Inspection & Inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☒.

23A. SIGNATURE

William E. Hamilton

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Feb. 7, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 16, 1952

24C. NAME OF CEMETERY OR CREMATORY

W. Auburn Cem. Balto.

24D. LOCATION (City, town, or county)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

FEB 9 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

My Kate Williams Schwedler St

V S 151

184

184

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1.81 32

WASCO CO. 1913

1.81 32



1.81 32

Med EXAM Case Released to Hosp.

52635
1265BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1265

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Addie Countney

2. DATE
OF
DEATH

February 5, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

acc, R

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give

Baltimore

25-37

township)

D. STREET ADDRESS (If rural, give location)

3003 Cherry Land Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

2-15-13

9. AGE (In years

last birthday)

38

If Under 1 Year

Months: Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joe TAYLOR

14. MOTHER'S MAIDEN NAME

ELLA WILLIAMS

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18.

443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Ruptured intracranial aneurysm 6 hours

DUE TO Right middle cerebral artery (berry type)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Hypertensive cardiovascular disease 2 years

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-5, 1952 to 2-5, 1952, that I last saw the
deceased alive on 2-5, 1952, and that death occurred at 9:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Charles N. Luttrell

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/10/1952

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Memorial

24D. LOCATION (City, town, or county)

Arbutus Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Mrs Kate B Williams

ADDRESS

3224 Schroeder St

FEB 9 - 1952

VS 150

19520001264

937

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 1266****52 1266**
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Abraham H. Ebersole			2. DATE OF DEATH Feb. 7th. 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland 3629 Elkader Rd.			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Ret. Metal Polisher			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 50 Years Yrs. 50 Mos. 0 Days 0			D. STREET ADDRESS (If rural, give location) 3629 Elkader Rd.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 16th. 1862	9. AGE (In years last birthday) 89	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Metal Polisher			11. BIRTHPLACE (State or foreign country) Washington Co. Md.		
10B. KIND OF BUSINESS OR INDUSTRY Gas Appliances			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Abraham Ebersole			14. MOTHER'S MAIDEN NAME Fannie Horst		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Mrs. H. I. Stermer			ADDRESS 3629 Elkader Rd.		

18. **421.0**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Mitral Insufficiency

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Chronic Arteriosclerosis

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

?

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.19A. DATE OF OPERATION **0**

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from **Dec. 10**, 19**51**, to **Feb 7**, 19**52**, that I last saw the deceased alive on **Feb 7**, 19**52**, and that death occurred at **9:30 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial**Feb. 9th. 1952****Loudon Park Cemetery****Baltimore Md.**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

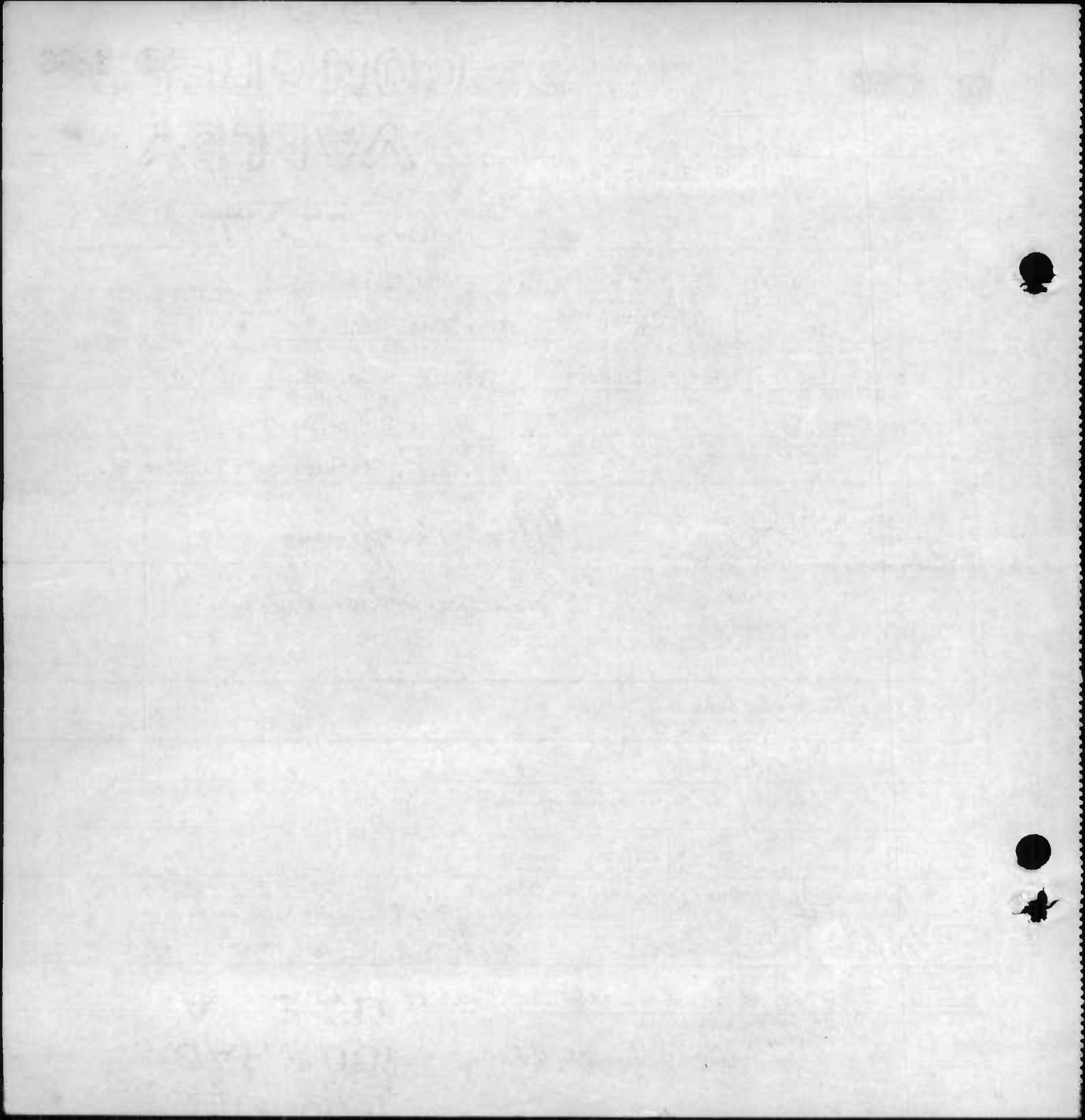
ADDRESS

FEB 9 - 1952**Huntington Williams, M.D.****Geo. L. Beyer** 1512 Hollins St.

VS 150

Baltimore 23 Md.

920



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **52 1267**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARGURITE

HARRIS

2. DATE
OF DEATH Feb. 8, 1952

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE Maryland B. COUNTY Anne Arundel

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Annapolis

D. STREET ADDRESS (If rural, give location)

37 Taylor Avenue

c. Length of stay in Baltimore

5. SEX

female

6. COLOR OR RACE

colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

Mar 20 1917

9. AGE (In years last birthday)

34

10. Under 1 Year Months Days

10

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

shilmore, A.A. Co Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Timothy Harris

14. MOTHER'S MAIDEN NAME

Ida Hopkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Timothy Harris, shilmore

18. 651. x 1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Localized peritonitis
DUE TO perforation of uterus - criminal abortion

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

B. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED Feb. 9, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 12 1952

24C. NAME OF CEMETERY OR CREMATORY

Broadnick

24D. LOCATION (City, town, or county) (State)

St Margaret A.A. Md

DATE RECEIVED BY LOCAL REGISTRAR

FEB 9 - 1952

REGISTRAR'S SIGNATURE

Huntington Walliquis, M.D.

25. FUNERAL DIRECTOR

J. B. Johnson

ADDRESS

141 Farmington

V S 151

7208 2 6 141 Farmington

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 1268
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Elizabeth Louise Harner

2. DATE
OF
DEATH

Feb. 8, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland **821 N. Montford Ave.**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

821 N. Montford Ave.

C. Length of stay in Baltimore

60 yrs.

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

divorced

8. DATE OF BIRTH

October 28, 1861

9. AGE (In years last birthday)

90 yrs.

If Under 1 Year
Months Days

If Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife, at home

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Gettysburg, Penna.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Koch

14. MOTHER'S MAIDEN NAME

Elizabeth Baumgardner

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

no

(If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT

ADDRESS

Mr. Ralph L. Harner, 821 N. Montford Ave.

18.

4 yrs. 1
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) **Arteriosclerotic Cerebral Vascu-**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) **1 yr. Disease**

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

5 yrs.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **2-8**, 19**46** to **2-8**, 19**52** that I last saw the deceased alive on **2-8**, 19**52**, and that death occurred at **7:30 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE

[Signature]

M. D.

23B. ADDRESS

11 E. Chen St.

23C. DATE SIGNED

2-9-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

Feb. 11, 1952

24C. NAME OF CEMETERY OR CREMATORY

Evergreen Cemetery

24D. LOCATION (City, town, or county)

Gettysburg, Penna.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

[Signature]

25. FUNERAL DIRECTOR

ADDRESS

VS 150

937

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH
SALVAGE CITY HEALTH DEPARTMENT

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH
IMMEDIATE
INTERMEDIATE
UNDERLYING

AGE

SEX

RACE

EDUCATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 1269
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		MABEL S. ORTH		2. DATE OF DEATH Feb. 8, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md.		
B. FULL NAME OF HOSPITAL OR INSTITUTION 2304 Monticello Rd.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 2304 Monticello Rd.		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Aug. 25, 1876	9. AGE (in years last birthday) 75	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME James F. Shaffer			14. MOTHER'S MAIDEN NAME Sallie B. Skinner		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Miss Ada Shaffer - 2401 Elsinor Ave.	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) 156.1.1		CAUSE OF DEATH (A) <i>Herpes zoster</i> DUE TO		INTERVAL BETWEEN ONSET AND DEATH ?
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <i>Carcinoma of Liver</i> DUE TO		
		(C)		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
---	--	--	--

19A. DATE OF OPERATION 4 Nov 51		19B. MAJOR FINDINGS OF OPERATION <i>Carcinoma of Liver</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct, 1951, to Feb, 1952 that I last saw the deceased alive on Feb, 1952, and that death occurred at 3:00 p.m., from the causes and on the date stated above.					
23A. SIGNATURE C. Allan Davis		23B. ADDRESS 4408 Lark Row Rd.		23C. DATE SIGNED 9 Feb 52	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 2/11/52	24C. NAME OF CEMETERY OR CREMATORY Lorraine Park Cem.	24D. LOCATION (City, town, or county) (State) Woodlawn, Md.
---	----------------------	--	--

DATE RECEIVED BY LOCAL REGISTRAR FEB 9 - 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Stone & Pickens & Sons	ADDRESS 46 F Catto 17, Md
--	--	--	------------------------------

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 1270**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**JENNIE S MANGER**2. DATE
OF
DEATH**FEB. 6 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland **2015 N. WASHINGTON ST.**

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE **2015 N. WASHINGTON ST**B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give town ship)

BALTIMORE MARYLAND

D. STREET ADDRESS (If rural, give location)

8-05

c. Length of stay in Baltimore

60 YrsYrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**WIDOW**

8. DATE OF BIRTH

MARCH 15, 18619. AGE (In years
last birthday)**90**11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**AT HOME**10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

ST MARYS CO. MARYLAND12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

C. S. B. HAMMETT

14. MOTHER'S MAIDEN NAME

LOUISE WISE15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

CHARLES M. MARTIN 2015 N. WASHINGTON ST18. **443 X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) **Cerebral hemorrhage**

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH**1 day**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) **Hypertension arteriosclerotic**

DUE TO

5 yrs(C) **Cardio. vascular disease**

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Dec. 1**, 1951, to **Feb. 6**, 1952, that I last saw the
deceased alive on **Feb. 6**, 1952, and that death occurred at **1:30** p.m., from the causes and on the date stated above.

23A. SIGNATURE

Thomas C. Dodd

M. D.

23B. ADDRESS

2108 St Paul St

23C. DATE SIGNED

2/8/5224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

BURIAL FEB 9 1952**1952****WESTERN CEMETERY****Edmondson Ave**DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 9 1952**Huntington, Williams, M.D.****Frank Dodd & Son 1600 W. North Ave**

0351 88

0351 38

MAILED BY
CONGRESS
BOND
D 7746
U.S. A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 1271
Registered No.

52 1271

1. NAME OF DECEASED (Type or Print) CHARLES PERELSTEIN			2. DATE OF DEATH 2-9-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Sinai Hosp.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 6-06		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 106 N. Milton Ave		
5. SEX M	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M.	8. DATE OF BIRTH 1895	9. AGE (In years last birthday) 66	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Jeweler			10B. KIND OF BUSINESS OR INDUSTRY Retired		
11. BIRTHPLACE (State or foreign country) Russia			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Morris Perelstein			14. MOTHER'S MAIDEN NAME Rachel		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. No		
17. INFORMANT Wife, Mollie Perelstein			ADDRESS 106 N. Milton		
18. 4700 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Pulmonary edema + congestion DUE TO (B) Cardiac insufficiency DUE TO (C) Atherosclerotic heart disease					INTERVAL BETWEEN ONSET AND DEATH ?
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 2/7			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2-7-1952 to 2-9-1952 , that I last saw the deceased alive on 2-9-1952 , and that death occurred at 2:55 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE McHarris			23B. ADDRESS Sinai Hospital		23C. DATE SIGNED 2-9-52
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE 2/9/52	24C. NAME OF CEMETERY OR CREMATORY New York City		24D. LOCATION (City, town, or county) (State) New York
DATE RECEIVED BY LOCAL REGISTRAR FEB 9 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Williams Bros. Inc. ADDRESS Balto. Md.	

29065

93D

1001

1001

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

1001

1001



F. 621

52 1272

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1272

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JANIE E. FRISBY

2. DATE
OF
DEATH

2-7-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1631 MILLER ST.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE 7-05

D. STREET ADDRESS (If rural, give location)

1631 MILLER ST.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

C.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WID.

8. DATE OF BIRTH

8-21-1869 82

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTIMORE, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

ELIJAH BANNISTER

14. MOTHER'S MAIDEN NAME

PRISCILLA SMITH

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

LEWIS N. FRISBY 1631 MILLER ST

18.

422.11

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

arterio-sclerotic
cardiac disease2 yrs
1

ANTECEDENT CAUSES

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE
WORK AT WORK22. I hereby certify that I attended the deceased from 1/8/38, 19 to 2/7, 1952, that I last saw the
deceased alive on 2/5, 1952, and that death occurred at 4:15 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

1500 EAST WILSON ST.
BALTIMORE 5, MD.

2-9-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

2-10-52

ARBUTUS MEM. PK.

BALTIMORE 5, MD.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 10 1952

Huntington, William, M.D. Joseph 257 L. J. 1304 N. Central

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1000 52

1000 52



S-600 52 1273

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1273
Registered No.

BIRTH NO. 52-01768

1. NAME OF DECEASED
(Type or Print)

Baby Girl Scherr

2. DATE
OF
DEATH

1-24-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Sinai Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

D. STREET ADDRESS (If rural, give location)

3525 Virginia Ave.

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/23/52 to 1/24/52, 1952 that I last saw the
deceased alive on 1/24/52 and that death occurred at 2:15 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

11034 Bluebird St

1/25/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

JOHN HOPKINS MEDICAL SCHOOL JAN 22 1951.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 10 1952

Huntington Williams, M.D.

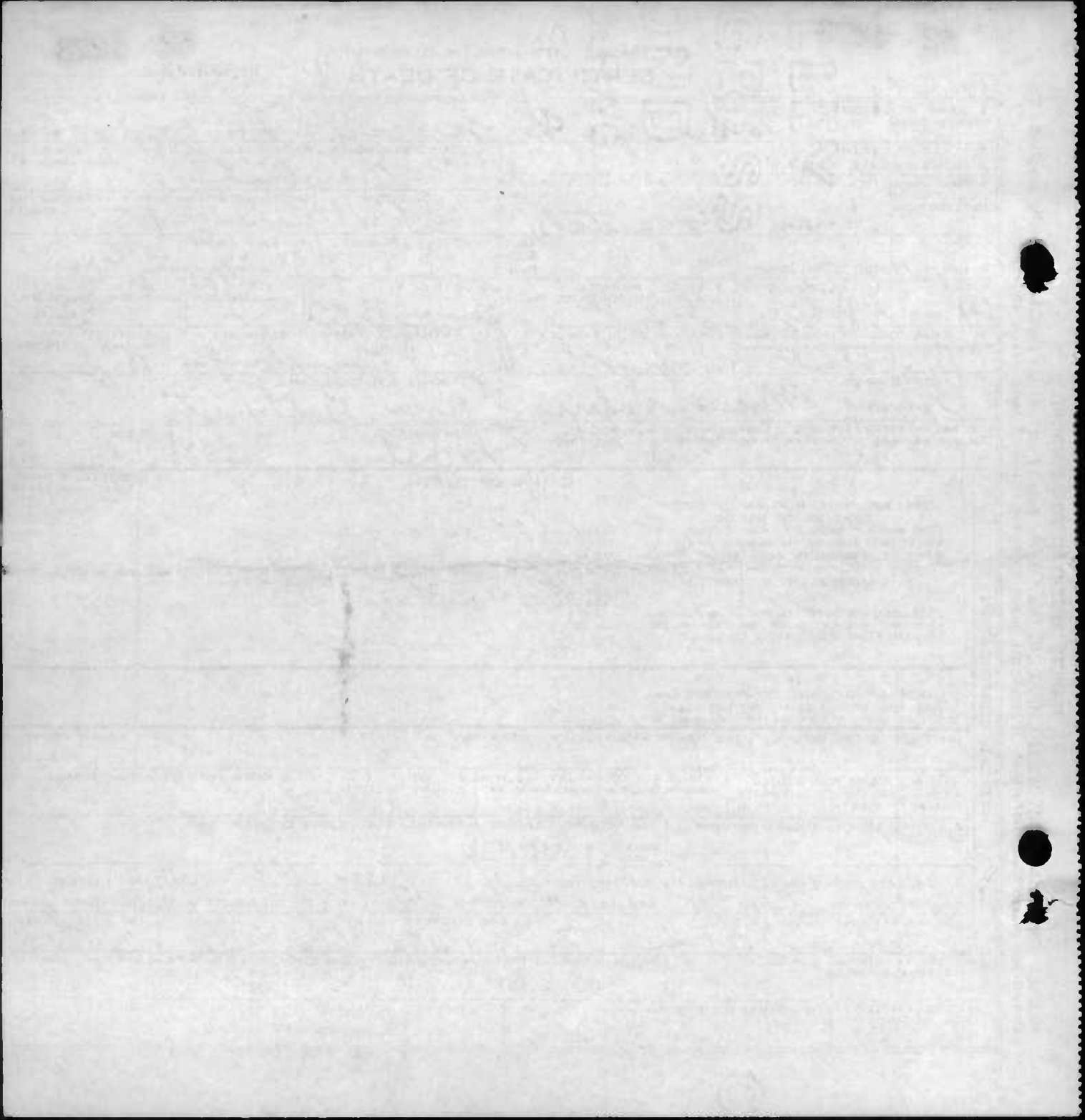
Commissioner of Health

VS 150

159

MARGIN RESERVED FOR BINDING

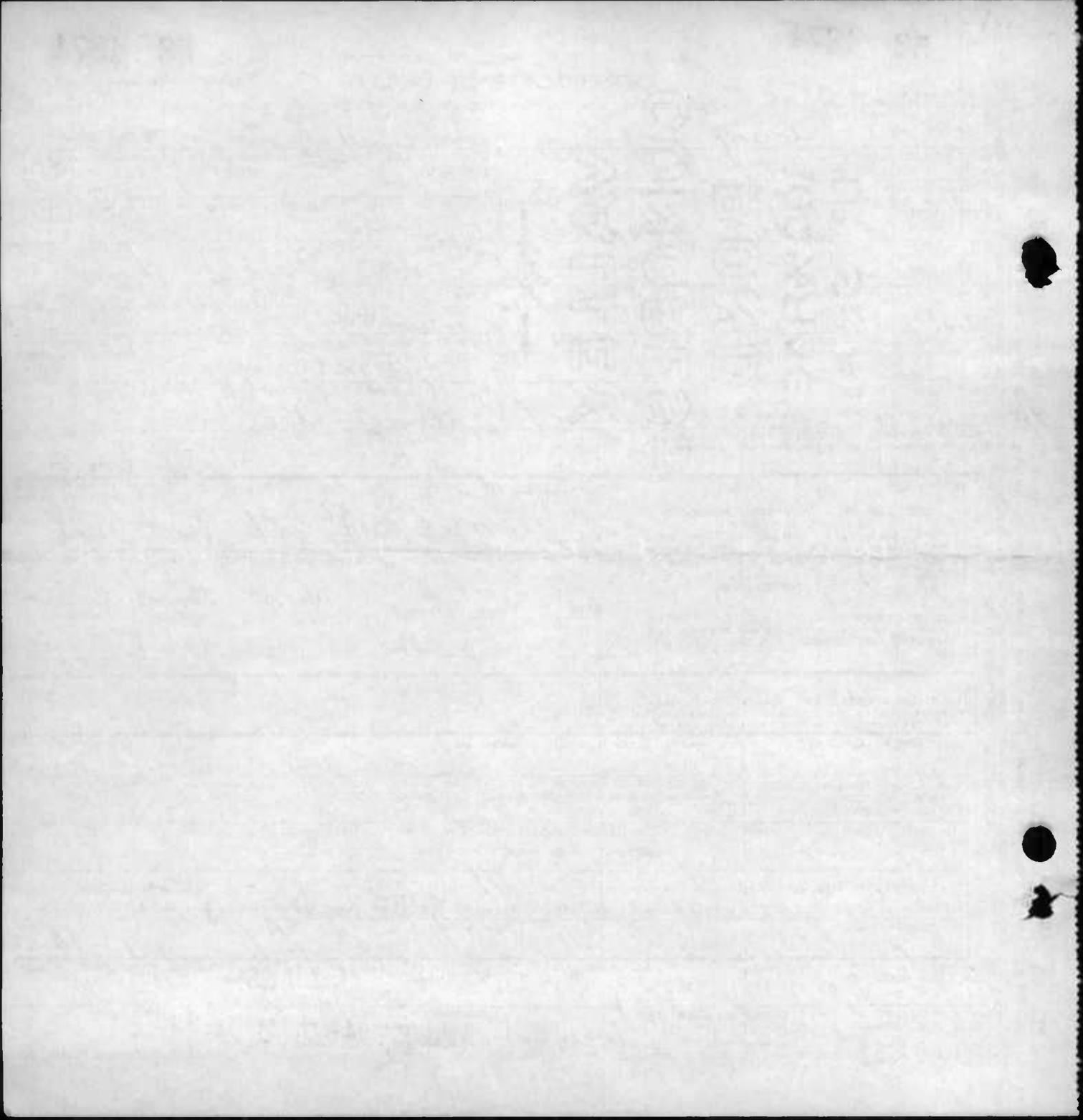
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO. <u>52-60178</u>		52 1274	
1. NAME OF DECEASED (Type or Print) <u>Gary Lee Blackwell</u>		2. DATE OF DEATH <u>1-14-52</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Md.</u> B. COUNTY <u>12-05</u>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>39 Provident Hospital</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Balto. BELVIDERE ST.</u>	
c. Length of stay in Baltimore <u>13</u> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <u>1436 Belvedere St.</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>Negro</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>1-2-52</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) <u>13</u>
11. BIRTHPLACE (State or foreign country) <u>Balto, Md.</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Ernest Aaron Blackwell</u>		14. MOTHER'S MAIDEN NAME <u>Mary Tucker</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <u>Mother</u> <u>See above</u>	
18. <u>776X I</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Pruritus</u> DUE TO <u>(A) Pruritus</u> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>(B) Mother 16 weeks pregnant</u> DUE TO <u>(C)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>(12-15y)</u>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>1/2</u> 19 <u>52</u> to <u>1/14</u> 19 <u>52</u> that I last saw the deceased alive on <u>1/14</u> 19 <u>52</u> and that death occurred at <u>9:30 p.m.</u> from the causes and on the date stated above.			
23A. SIGNATURE <u>[Signature]</u> M. O.		23B. ADDRESS <u>[Signature]</u>	
23C. DATE SIGNED <u>1-14-52</u>			
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY <u>JOHN HOPKINS MEDICAL SCHOOL</u>	24D. LOCATION (City, town, or county) (State) <u>BALTIMORE MD</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>FEB 10 1952</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>	25. FUNERAL DIRECTOR <u>Commissioner of Health</u>	



52 1275

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1275
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FLORENCE SCOTT

2. DATE
OF
DEATH

February 8, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)A. STATE
Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
location)

1240 West Ostend Street

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give
township)

Baltimore

21-02

D. STREET ADDRESS (If rural, give location)

1240 West Ostend Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

5/18/1894

9. AGE (in years
last birthday)

57

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Seamstress

10B. KIND OF BUSINESS OR
INDUSTRY

B. Franklin & Sons

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Nathaniel Clifton

14. MOTHER'S MAIDEN NAME

Hester Ann Greenhauck

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Howard E. Scott 515 S. Maryland Ave.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic Cardiovascular Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes Mellitus

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

R. E. Fisher

M.O.

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

2/8/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/11/52

24C. NAME OF CEMETERY OR CREMATORY

Lorraine

24D. LOCATION (City, town, or county)

Balt. Co. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 10 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Wm Cook Inc. 1217 St. Paul St.

ADDRESS

25 1972

CEATH 10 25 00 00 00

25 1972



52 1276

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1276

Registered No.

BIRTH NO. 52-02011

1. NAME OF DECEASED
(Type or Print)

Mary Theresa Hercelc

2. DATE
OF
DEATH

Jan. 29 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

SINAI HOSPITAL

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

2413 E. Fayette St.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

776x 1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/27/52 19, to 1/29/52, that I last saw the
deceased alive on 1/29/52, and that death occurred at 8:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

11

1952 0001 275

159

MARGIN RESERVED FOR BINDING

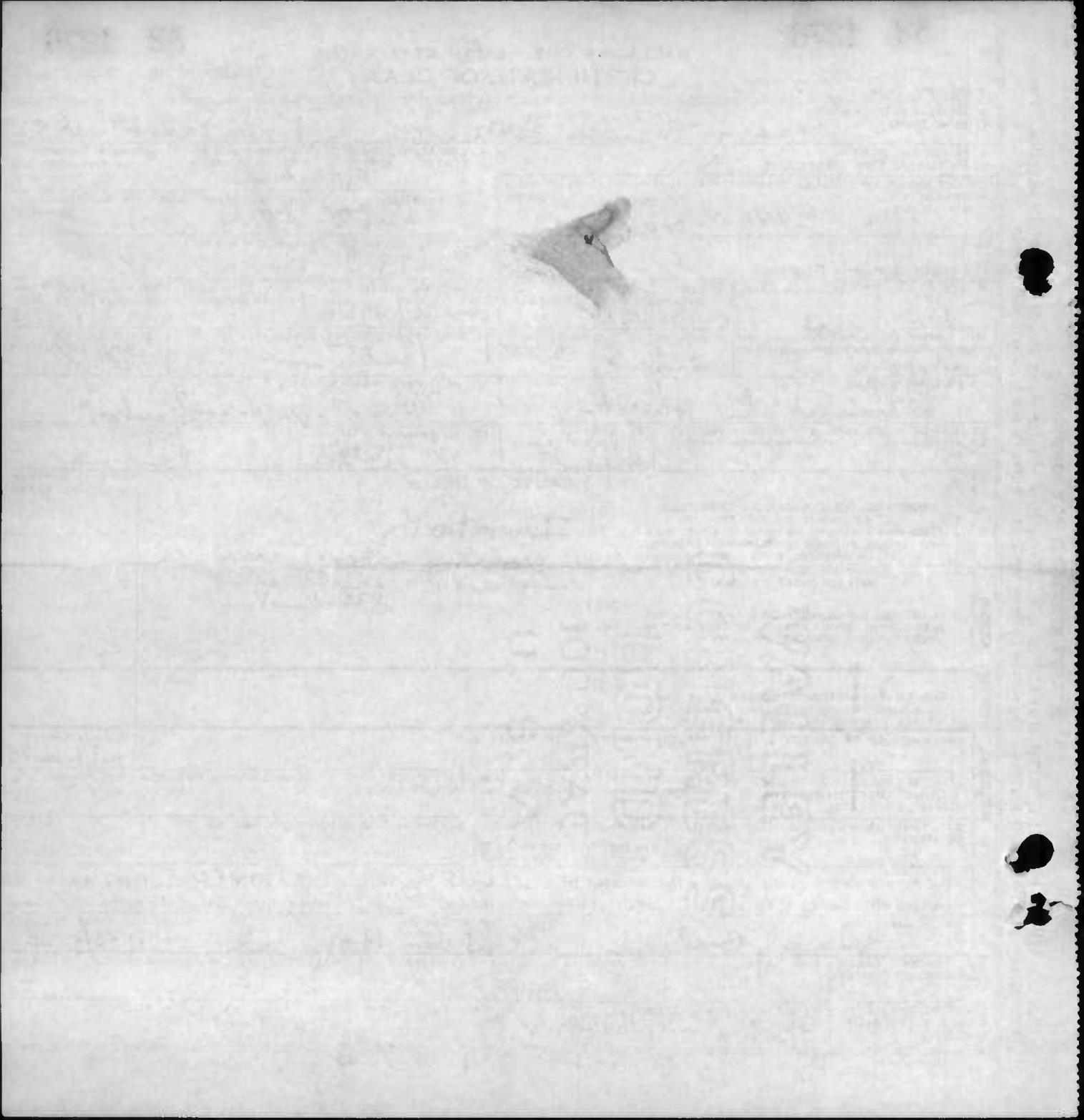
PLEASE WRITE PROMPTLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

JOHN HOPKINS MEDICAL SCHOOL

FEB 4 1952

Commissioner of Health



N-425 52 1277

BALTIMORE CITY HEALTH DEPARTMENT

52 1277

Registered No. _____

BIRTH NO. 52-05045

CERTIFICATE OF DEATH

1. NAME OF DECEASED (Type or Print) Newborn baby Nelson			2. DATE OF DEATH Jan. 28, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Luthevan Hosp - Md.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 20-05		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 2041 Eagle St		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Newborn	8. DATE OF BIRTH 1/28/52		9. AGE (in years last birthday) newborn
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Balto. Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Benjamin Franklin Nelson			14. MOTHER'S MAIDEN NAME Arsonia Dale Lowery		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		

MEDICAL CERTIFICATION

18. 762.5 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Anoxia DUE TO				INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Prematurity DUE TO					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from birth 1/28, 1952 , to death , 19 52 , that I last saw the deceased alive on 4:05 AM, 1/28 , and that death occurred at 4:05 AM , from the causes and on the date stated above.					
23A. SIGNATURE Jerome Plut		23B. ADDRESS Luthevan Hosp - Md.		23C. DATE SIGNED Jan 29, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
				24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR FEB 10 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Commissioner of Health	
VS 150		105200012716		159	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1951

92

1951

92

STATE OF NEW YORK
IN SENATE

January 1, 1951

REPORT OF THE

COMMISSIONER OF THE

DEPARTMENT OF

LABOR

ON THE

LABOR MARKET

IN THE

STATE OF NEW YORK

FOR THE

YEAR 1950

ALBANY:

THE UNIVERSITY OF THE STATE OF NEW YORK

THE STATE EDUCATION DEPARTMENT

1951

52 1278

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1278

Registered No. _____

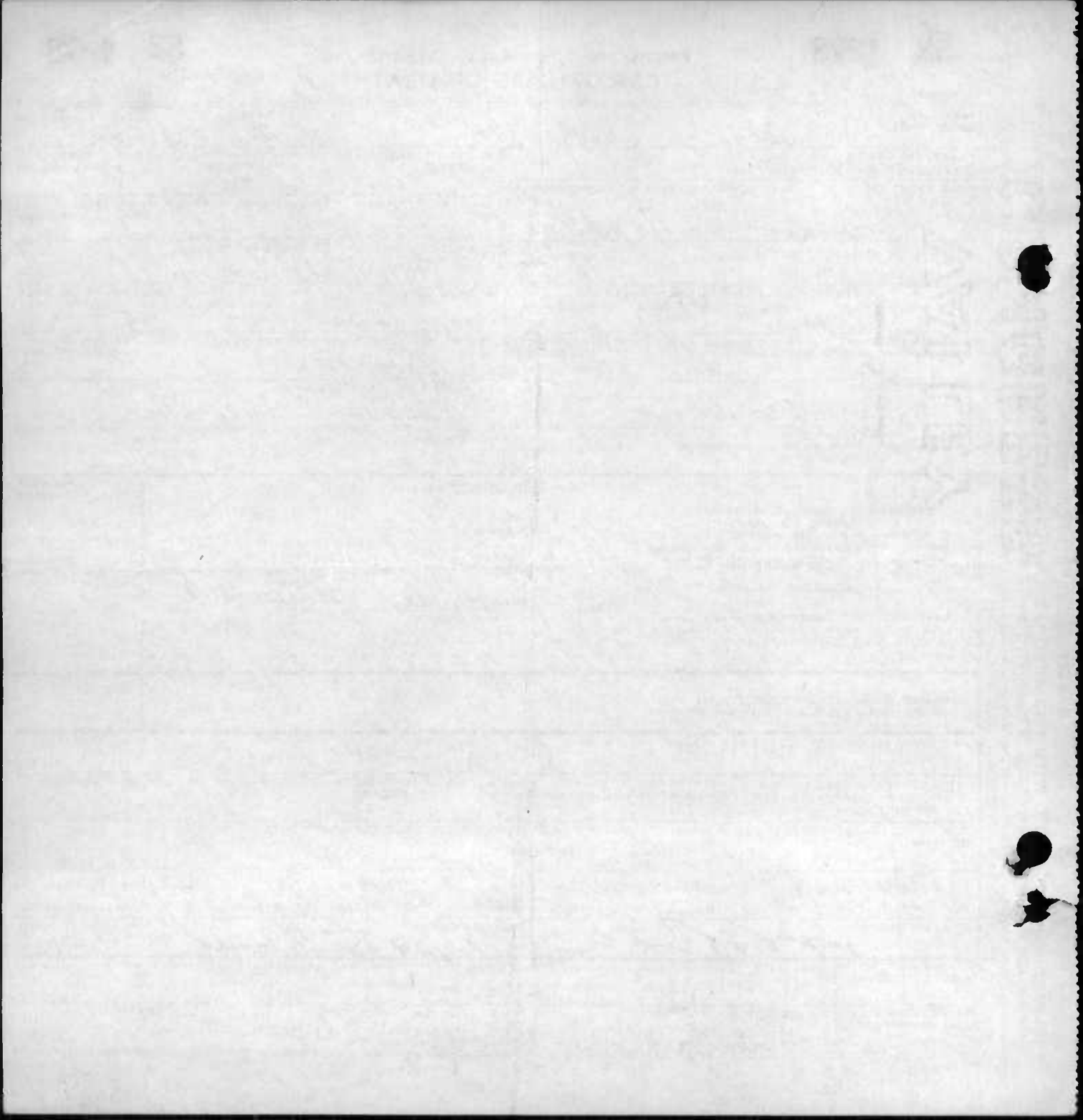
BIRTH NO. 52-01133

1. NAME OF DECEASED (Type or Print) John Wright, Jr.			2. DATE OF DEATH 1-21-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Providence Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. 15-03		
c. Length of stay in Baltimore 8 Yrs. 8 Mos. 8 Days			O. STREET ADDRESS (If rural, give location) 1616 N. Ruxton Ave.		
5. SEX M	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 1-14-52	9. AGE (In years last birthday)	If Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Balto, Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John Wright			14. MOTHER'S MAIDEN NAME Gertrude Barkerville		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Mother		ADDRESS Above

18. 76251 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	(A) Prematurity	DUE TO	
	(B) Congenital atelactasis	DUE TO	
(C) _____			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1/14 , 19 52 to 1/21 , 19 52 that I last saw the deceased alive on 1/21 , 19 52 and that death occurred at 8:30 a.m., from the causes and on the date stated above.					
23A. SIGNATURE [Signature]		23B. ADDRESS 2037 South Hill		23C. DATE SIGNED 1/22/52	

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
		JOHN HOPKINS MEDICAL SCHOOL FEB 4 1951	
DATE RECEIVED BY LOCAL REGISTRAR EB 10 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR, ADDRESS Commissioner of Health	



52 1279

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1279

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Frank J. Knorr

2. DATE
OF
DEATH

Feb. 8, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
location)

Hood Nursing Home

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

28-04

D. STREET ADDRESS (If rural, give location)

505 Westgate Road

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH

Dec. 10, 1895

9. AGE (In years
last birthday)

56

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Secretary

10B. KIND OF BUSINESS OR
INDUSTRY

U.S. Gov't Immigration

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles J. Knorr

14. MOTHER'S MAIDEN NAME

Clara Stuart

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Miss Marie Knorr 505 Westgate Road

18.

420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Hypertensive CVD - Cerebral

INTERVAL BETWEEN
ONSET AND DEATH

① 10 - 20 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Hemorrhage, primary cause

② 2 days

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Coronary Artery disease

Focal pericarditis 5 yrs
10 yrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1951, to Feb 8, 1952, that I last saw the
deceased alive on Feb 8, 1952, and that death occurred at 1:00 A. M., from the causes and on the date stated above.

23A. SIGNATURE

James J. Knorr

23B. ADDRESS

6014 Edmonda Ave Balt

23C. DATE SIGNED

2/9/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 11, 1952

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington, Williams, MD

25. FUNERAL DIRECTOR

H. W. O'Neil & Son - 845 N. Calvert St.

ADDRESS

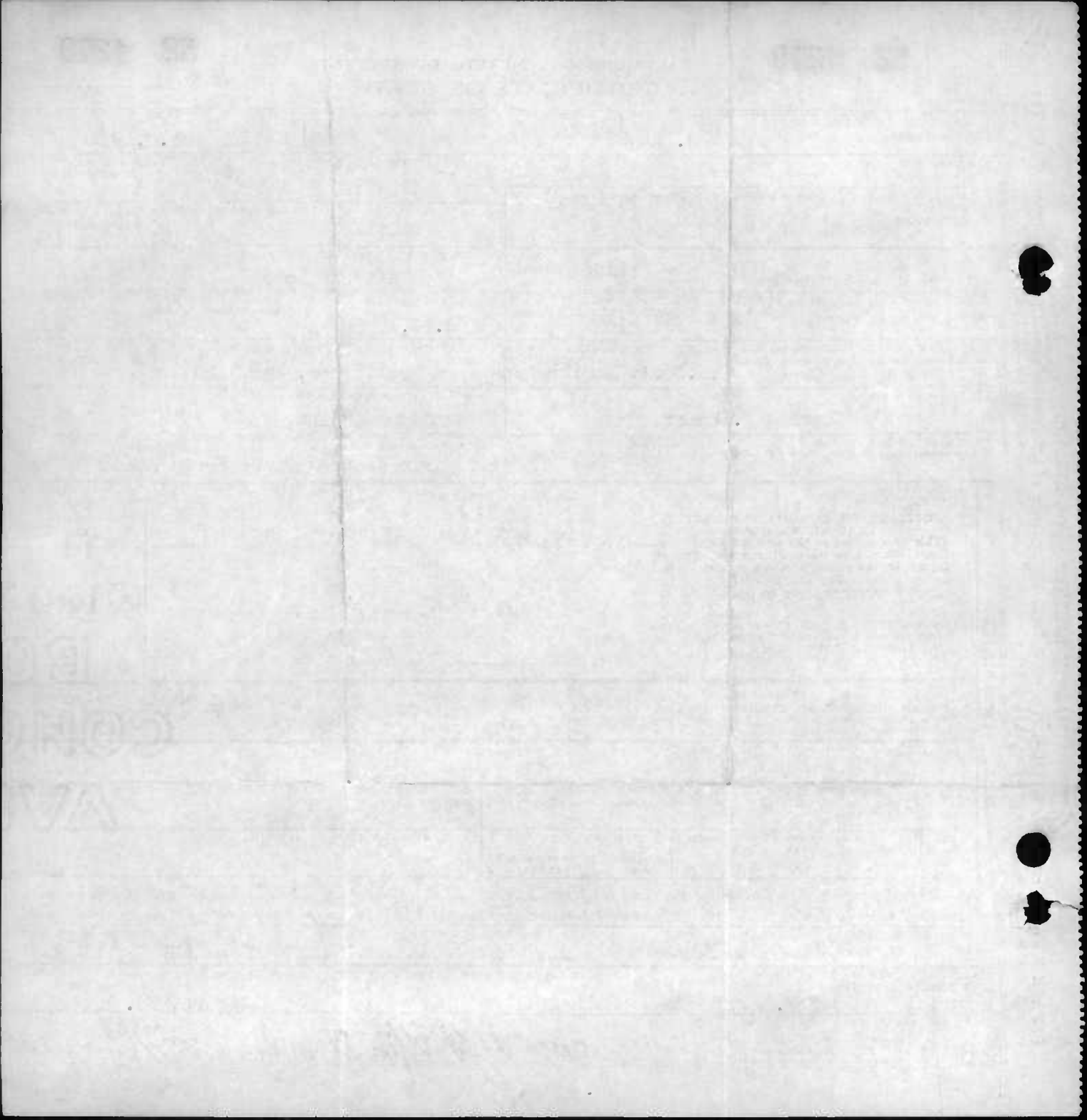
VS 150

35091

937

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

P. 4 00

52 1280

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1280

Registered No.

BIRTH NO.		2. DATE OF DEATH Jan. 6, 1952	
1. NAME OF DECEASED (Type or Print) HERBERT PULLEY		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 5-01	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 40 N. Caroline Street	
5. SEX male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 70?
11. BIRTHPLACE (State or foreign country) U		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME K		14. MOTHER'S MAIDEN NAME K	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) O		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	
18. 4221 W. CAUSE OF DEATH N DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Arteriosclerotic cardiovascular disease DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	
21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .			
23A. SIGNATURE Stanley K. Dunleavy		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....	
23C. DATE SIGNED Jan. 7, 1952			
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	
24C. NAME OF CEMETERY OR CREMATORY JOHN HOPKINS MEDICAL SCHOOL		24D. LOCATION (City, town, or county) (State) JAN 29 1951	
DATE RECEIVED BY LOCAL REGISTRAR FEB 10 1952		REGISTRAR'S SIGNATURE Huntington Williams M.D. 25. FUNERAL DIRECTOR Commissioner of Health	

1980

1980

OFFICE OF THE ATTORNEY GENERAL
STATE OF NEW YORK

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52 1281

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1281

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GEORGE

LEE

2. DATE
OF
DEATH

January 18, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
location)

Baltimore Eye, Ear, Nose & Throat

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

41-02

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

311 N. Pearl Street

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

U

9. AGE (In years
last birthday)

322

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

K

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

N

14. MOTHER'S MAIDEN NAME

O

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

O

16. SOCIAL
SECURITY NO.

17. INFORMANT

N

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Peritonsillar abscess

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William H. Williams

M.D.

23B. CHIEF MEDICAL EXAMINER.....☐
ASSISTANT MEDICAL EXAMINER.....☒
MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

Jan. 19, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

JOHN HOPKINS MEDICAL SCHOOL JAN 29 1951

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 10 1952

Huntington Williams, M.D.

Commissioner of Health

V S 151

115c ✓

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

MEDICAL CERTIFICATION

1941 08

1941 08

UNITED STATES DEPARTMENT OF AGRICULTURE

OFFICE OF THE ASSISTANT SECRETARY

WASHINGTON, D. C.

August 1, 1941

Dear Sir:

I have the honor to acknowledge the receipt of your letter of July 26, 1941, regarding the matter of the proposed amendment to the regulations governing the administration of the Federal Milk Marketing Order for the District of Columbia.

The proposed amendment is being reviewed by the Bureau of Agricultural Economics and the Bureau of Plant Industry, and it is expected that a final decision will be reached within a few weeks.

I am sure that you will understand the need for a thorough review of the proposed amendment, and I am confident that the Bureau will reach a decision that is in the best interests of the public.

I am, Sir, very respectfully,
Very truly yours,
Assistant Secretary

Enclosed for you are two copies of the proposed amendment, one of which is a copy of the original and the other is a copy of the proposed amendment as amended.

I am, Sir, very respectfully,
Very truly yours,
Assistant Secretary

Enclosed for you are two copies of the proposed amendment, one of which is a copy of the original and the other is a copy of the proposed amendment as amended.

I am, Sir, very respectfully,
Very truly yours,
Assistant Secretary

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Very truly yours,
Assistant Secretary

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I am, Sir, very respectfully,
Very truly yours,
Assistant Secretary

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1282

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EMMA LOUISE JACKSON

2. DATE
OF DEATH January 22, 19523. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

South Baltimore General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

22-01

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

601 Stump Alley

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

U

9. AGE (In years
last birthday)

35?

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

U

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

K

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

N

K

14. MOTHER'S MAIDEN NAME

O

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

O

16. SOCIAL
SECURITY NO.

17. INFORMANT

N

ADDRESS

18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Far advanced pulmonary tuberculosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William C. Smith

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Jan. 22, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

JOHN HOPKINS MEDICAL SCHOOL JAN 29 1951

25. FUNERAL DIRECTOR

ADDRESS

V S 151

1312 ✓

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.



F-212 52 1283

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1283
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mr. HENRY J. FISCHBACH

2. DATE
OF
DEATH

2-8-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Stagones Hotel*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE *CLAREMONT B. COUNTY*B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

CLAREMONT HOTEL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore St. East

D. STREET ADDRESS (If rural, give location)

20-05

c. Length of stay in Baltimore

Life

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept 2 1885

9. AGE (In years
last birthday)

67

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Lawyer

10B. KIND OF BUSINESS OR INDUSTRY

Bldg.

11. BIRTHPLACE (State or foreign country)

Baltimore City Md

13. FATHER'S NAME

George Fischbach

14. MOTHER'S MAIDEN NAME

Esther Pauling

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

216-098-8024

17. INFORMANT

Henry Fischbach Spouse of Baltimore

ADDRESS

18.

420.11

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary Thrombosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

CERTIFICATION APPROVED BY

J. F. Fisher M. D.

CHIEF OF ASST. MEDICAL EXAMINER

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 10-6, 1951, to 2-8, 1952 that I last saw the deceased alive on 1-19-51 and that death occurred at 7:20 AM., from the causes and on the date stated above.

23A. SIGNATURE

Harry A. Kungip

M. D.

23B. ADDRESS

St. Agnes Hosp.

23C. DATE SIGNED

2-8-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

2-11-52

24C. NAME OF CEMETERY OR CREMATORY

Mt Olivet Cem

24D. LOCATION (City, town, or county)

Fredrick Rd Baltimore

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Edward J. Wilson 2309 Wash Blvd

ADDRESS

FEB 10 1952

VS 150

10952051024282

Baltimore MD

94a

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN PENCIL, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and briefly.

1883

CENTRAL BANK

2-4-83

Wm. Henry J. Fennell

CLARKSON HOTEL

Wm. Henry J. Fennell

12-3-83

12-3-83

Wm. Henry J. Fennell

B-346

52 1284

CERTIFICATE CORRECTED
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1284
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GRACE

CECILIA

BUTLER

2. DATE
OF
DEATH Jan. 17, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

1842 Pennsylvania Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 14-03

D. STREET ADDRESS (If rural, give location)

1842 Pennsylvania Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

March 5, 1924

9. AGE (In years
last birthday)

45-27

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Mechanicville, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Thomas Butler

14. MOTHER'S MAIDEN NAME

Mary Johnson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. E982x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Stab wound of chest

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Internal hemorrhage

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

home

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

1842 Pennsylvania Avenue

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

Jan. 17, 1952

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☒
WORK AT WORK

21F. HOW DID INJURY OCCUR?

Sharp instrument

22. I certify that I took charge of the remains described above, held an autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE

Stanley B. Deanecker

M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Jan. 17, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

JOHN HOPKINS MEDICAL SCHOOL FEB 1 1951

25. FUNERAL DIRECTOR

Commissioner of Health

ADDRESS

VS 151

N-862.2

167

MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

STANDARD REPORT FORM

1. TITLE

2. DATE

3. TIME

4. LOCATION

5. METHOD

6. RESULTS

7. COMMENTS

8. CONCLUSIONS

9. RECOMMENDATIONS

10. REFERENCES

11. SIGNATURE

12. DATE

13. TIME

14. LOCATION

15. METHOD

16. RESULTS

17. COMMENTS

18. CONCLUSIONS

19. RECOMMENDATIONS

20. REFERENCES

21. SIGNATURE

22. DATE

23. TIME

24. LOCATION

25. METHOD

26. RESULTS

27. COMMENTS

28. CONCLUSIONS

29. RECOMMENDATIONS

30. REFERENCES

31. SIGNATURE

32. DATE

33. TIME

34. LOCATION

35. METHOD

36. RESULTS

37. COMMENTS

38. CONCLUSIONS

39. RECOMMENDATIONS

40. REFERENCES

41. SIGNATURE

42. DATE

43. TIME

44. LOCATION

45. METHOD

46. RESULTS

47. COMMENTS

48. CONCLUSIONS

49. RECOMMENDATIONS

50. REFERENCES

51. SIGNATURE

52. DATE

53. TIME

54. LOCATION

55. METHOD

56. RESULTS

57. COMMENTS

58. CONCLUSIONS

59. RECOMMENDATIONS

60. REFERENCES

61. SIGNATURE

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1285
Registered No.52 1285
2-5-1
BIRTH NO.

1. NAME OF DECEASED (Type or Print) DE WITT			2. DATE OF DEATH January 29, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md.		
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 705 Pine St.			17-01		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			8. DATE OF BIRTH		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	9. AGE (In years last birthday) 47		10. Months: _____ Days: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		

18. 022X1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Rupture aortic aneurysm Syphilitic Cardiovascular Disease			INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE <i>William L. Smith</i>		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....	
23C. DATE SIGNED Jan. 30, 1952			
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
25. FUNERAL DIRECTOR		ADDRESS	

JOHN HOPKINS MEDICAL SCHOOL FEB 8 1952

Commissioner of Health

2001 88

2001 88

STATION OF C-10

STATION OF C-10

STATION OF C-10

STATION OF C-10

STATION OF C-10

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STATION OF C-10

H-455

52 1286

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1286
Registered No.

BIRTH NO. 50-22552

1. NAME OF DECEASED
(Type or Print)

CHARLES HIELMAN (Heilmann Jr)

2. DATE
OF
DEATH

February 8, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Franklin Square Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

19-04

D. STREET ADDRESS (If rural, give location)

26 S. Fulton Avenue

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Oct 4-1950

9. AGE (in years
last birthday)

1

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles J. Heilmann Sr.

14. MOTHER'S MAIDEN NAME

June J. Johnston

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr Charles J. Heilmann Sr

18.

E 917.01

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) First, second, and third degree burns
XXXXX of face, trunk, and arms
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

home

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

26 S. Fulton Avenue

21D. TIME (Month) (Day) (Year) (Hour)

OF INJURY

2/7/52 4:00 P. m.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Burned by grease from cooking utensil

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

B. B. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

2/8/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2-11-52

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Balto

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 10 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. B. & Son

ADDRESS

181

VS 151

N-948.2

3001 Kentucky Ave

✓

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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52 1287

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1287

BIRTH NO. 52-02615

1. NAME OF DECEASED
(Type or Print)

Baby Girl Brown

2. DATE
OF
DEATH

2-4-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md.

B. COUNTY Howard

5. FULL NAME OF
HOSPITAL OR
INSTITUTION

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore, Eekindge

D. STREET ADDRESS (If rural, give location)

6300

c. Length of stay in Baltimore

2
Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

2-2-52

9. AGE (In years
last birthday)10. Under 1 Year
Months: Days: Hours: Min.

2 4

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles Brown

14. MOTHER'S MAIDEN NAME

Emma Brogden

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Emma Brown

18. 762.0 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Abacosis
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK AT WORK22. I hereby certify that I attended the deceased from 2-2, 1952 to 2-4, 1952, that I last saw the
deceased alive on 2-4, 1952, and that death occurred at 4:10 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Robert M. H. Day M.D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

2-4-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

JOHN HOPKINS MEDICAL SCHOOL FEB 8 1952

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Commissioner of Health

FEB 10 1952

1987

1987

WASHINGTON STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

DATE

DECEASED

DATE OF DEATH

TIME

PLACE

CAUSE OF DEATH

IMMEDIATE

INTERMEDIATE

UNDERLYING

OTHER

DATE OF BIRTH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

MARITAL STATUS

PREVIOUS ILLNESS

PREVIOUS SURGERY

PREVIOUS TRAUMA

PREVIOUS DRUG USE

PREVIOUS ALCOHOL USE

PREVIOUS TOBACCO USE

PREVIOUS RISK FACTORS

PREVIOUS EXPOSURE

PREVIOUS INJURY

PREVIOUS INFECTION

PREVIOUS TUMOR

PREVIOUS ORGAN TRANSPLANT

PREVIOUS BLOOD TRANSFUSION

PREVIOUS SURGICAL TREATMENT

PREVIOUS MEDICAL TREATMENT

PREVIOUS NUTRITIONAL STATUS

PREVIOUS PSYCHOLOGICAL STATUS

PREVIOUS SOCIAL STATUS

PREVIOUS ECONOMIC STATUS

PREVIOUS ENVIRONMENTAL STATUS

PREVIOUS CLIMATE STATUS

PREVIOUS POLLUTION STATUS

PREVIOUS NOISE STATUS

PREVIOUS VIBRATION STATUS

PREVIOUS RADIATION STATUS

PREVIOUS CHEMICAL STATUS

PREVIOUS BIOLOGICAL STATUS

PREVIOUS PHYSICAL STATUS

PREVIOUS MENTAL STATUS

PREVIOUS EMOTIONAL STATUS

PREVIOUS BEHAVIORAL STATUS

52

1288

CERTIFICATE CORRECTED

2-13-52

BALTIMORE CITY HEALTH DEPARTMENT

52

1288

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN

PORANSKI POREMSKI

2. DATE
OF DEATH Feb.
Jan. 3, 19523. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE Maryland B. COUNTY Baltimore before admission)B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Mercy Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Dundalk

D. STREET ADDRESS (If rural, give location)

1722 Sollers Point Road

c. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Unknown

9. AGE (In years
last birthday)

About 75

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Labor

10B. KIND OF BUSINESS OR
INDUSTRY

Atlantic Southwestern

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

John Poremski

14. MOTHER'S MAIDEN NAME

Unknown Mary Makowski

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

213-01-5179

17. INFORMANT

ADDRESS

Anthony Poremski (son) 821 S. Bond St.

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Pulmonary tuberculosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Russell J. Fisher M.D.

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
Feb. 7, 195224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2-13-52

24C. NAME OF CEMETERY OR CREMATORY

St. Stanislaus

24D. LOCATION (City, town, or county)

JOHN HOPKINS MEDICAL SCHOOL FEB 8 1952

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Commissioner of Health Geo. A. Weber,

2001

52

2001

52

10/10/01

10/10/01

10/10/01

10/10/01

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10/10/01

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10/10/01

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10/10/01

10/10/01

A-536 52 1289

CERTIFICATE CORRECTED 2/27/52 ES

52 1289

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

David Anderson

2. DATE
OF
DEATH

Jan. 24 1952

3. PLACE OF DEATH:
☒ Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Maryland General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

1107 Park Ave.

c. Length of stay in Baltimore

5. SEX

M.

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)

5-9

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

U

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

N
K

14. MOTHER'S MAIDEN NAME

N
K15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

O (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 331X and 002X

CAUSE OF DEATH N

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)(A) Cerebral Vascular Accident
DUE TO and Right Sided Hemiplegia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Pulmonary tuberculosis
DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Pulmonary tuberculosis

(over)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

M.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 9, 1952 to Jan. 24, 1953 that I last saw the
deceased alive on Jan. 24, 1952 and that death occurred at 11:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 10 1952

Huntington Williams, M.D.

Commissioner of Health

13B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

THE MARGINAL

Dr. Silverman, Director Bureau of Tuberculosis, BCHD
called Dr. W. H. Brendler, Maryland General Hospital
2/27/52, who stated the cause of death was the
cerebral vascular accident and right sided hemiplegia.
In the course of routine examination of the deceased
it developed that he had pulmonary tuberculosis,
however, it was not to be considered as underlying
cause--should have been entered in part II of
medical certification of death.

2/27/52

E. Steman, R. Gees, Matthew Taback.

AB-155910

52 1290

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1290

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Collins

2. DATE
OF
DEATH

Jan. 24-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

Baltimore City Hospitals

4940 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

109 N. Carey St.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Aug. 8-1877

9. AGE (In years last birthday)

74

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Joseph Bosye (D)

14. MOTHER'S MAIDEN NAME

Rebecca Smith (D)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Records: Baltimore City Hospitals
4940 Eastern Ave.

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive Arteriosclerotic Cardiovascular Disease with Congestive failure

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-22-1952 to 1-24-1952 that I last saw the deceased alive on 1-24-1952 and that death occurred at 6:55 AM, from the causes and on the date stated above.

23A. SIGNATURE

B. S. Taylor

M. D.

23B. ADDRESS

4940 Eastern Ave. Baltimore, Md.

23C. DATE SIGNED

2-5-1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

JOHN HOPKINS MEDICAL SCHOOL FEB 7 1952

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Commissioner of Health

ADDRESS

FEB 10 1952

VS 150

937

STATE OF NEW YORK
CERTIFICATE OF DEATH

1. NAME OF DECEASED		2. SEX		3. AGE		4. DATE OF BIRTH		5. PLACE OF BIRTH	
6. OCCUPATION		7. MARITAL STATUS		8. EDUCATION		9. RELIGION		10. RACE	
11. CAUSE OF DEATH		12. MANNER OF DEATH		13. PLACE OF DEATH		14. DATE OF DEATH		15. TIME OF DEATH	
16. SIGNATURE OF PHYSICIAN		17. SIGNATURE OF CORONER		18. SIGNATURE OF WITNESS		19. SIGNATURE OF DECEASED		20. SIGNATURE OF NEXT OF KIN	
21. SIGNATURE OF REGISTRAR		22. SIGNATURE OF CLERK		23. SIGNATURE OF JUDGE		24. SIGNATURE OF SHERIFF		25. SIGNATURE OF SHERIFF'S DEPUTY	
26. SIGNATURE OF SHERIFF'S DEPUTY		27. SIGNATURE OF SHERIFF'S DEPUTY		28. SIGNATURE OF SHERIFF'S DEPUTY		29. SIGNATURE OF SHERIFF'S DEPUTY		30. SIGNATURE OF SHERIFF'S DEPUTY	
31. SIGNATURE OF SHERIFF'S DEPUTY		32. SIGNATURE OF SHERIFF'S DEPUTY		33. SIGNATURE OF SHERIFF'S DEPUTY		34. SIGNATURE OF SHERIFF'S DEPUTY		35. SIGNATURE OF SHERIFF'S DEPUTY	
36. SIGNATURE OF SHERIFF'S DEPUTY		37. SIGNATURE OF SHERIFF'S DEPUTY		38. SIGNATURE OF SHERIFF'S DEPUTY		39. SIGNATURE OF SHERIFF'S DEPUTY		40. SIGNATURE OF SHERIFF'S DEPUTY	
41. SIGNATURE OF SHERIFF'S DEPUTY		42. SIGNATURE OF SHERIFF'S DEPUTY		43. SIGNATURE OF SHERIFF'S DEPUTY		44. SIGNATURE OF SHERIFF'S DEPUTY		45. SIGNATURE OF SHERIFF'S DEPUTY	
46. SIGNATURE OF SHERIFF'S DEPUTY		47. SIGNATURE OF SHERIFF'S DEPUTY		48. SIGNATURE OF SHERIFF'S DEPUTY		49. SIGNATURE OF SHERIFF'S DEPUTY		50. SIGNATURE OF SHERIFF'S DEPUTY	
51. SIGNATURE OF SHERIFF'S DEPUTY		52. SIGNATURE OF SHERIFF'S DEPUTY		53. SIGNATURE OF SHERIFF'S DEPUTY		54. SIGNATURE OF SHERIFF'S DEPUTY		55. SIGNATURE OF SHERIFF'S DEPUTY	
56. SIGNATURE OF SHERIFF'S DEPUTY		57. SIGNATURE OF SHERIFF'S DEPUTY		58. SIGNATURE OF SHERIFF'S DEPUTY		59. SIGNATURE OF SHERIFF'S DEPUTY		60. SIGNATURE OF SHERIFF'S DEPUTY	
61. SIGNATURE OF SHERIFF'S DEPUTY		62. SIGNATURE OF SHERIFF'S DEPUTY		63. SIGNATURE OF SHERIFF'S DEPUTY		64. SIGNATURE OF SHERIFF'S DEPUTY		65. SIGNATURE OF SHERIFF'S DEPUTY	
66. SIGNATURE OF SHERIFF'S DEPUTY		67. SIGNATURE OF SHERIFF'S DEPUTY		68. SIGNATURE OF SHERIFF'S DEPUTY		69. SIGNATURE OF SHERIFF'S DEPUTY		70. SIGNATURE OF SHERIFF'S DEPUTY	
71. SIGNATURE OF SHERIFF'S DEPUTY		72. SIGNATURE OF SHERIFF'S DEPUTY		73. SIGNATURE OF SHERIFF'S DEPUTY		74. SIGNATURE OF SHERIFF'S DEPUTY		75. SIGNATURE OF SHERIFF'S DEPUTY	
76. SIGNATURE OF SHERIFF'S DEPUTY		77. SIGNATURE OF SHERIFF'S DEPUTY		78. SIGNATURE OF SHERIFF'S DEPUTY		79. SIGNATURE OF SHERIFF'S DEPUTY		80. SIGNATURE OF SHERIFF'S DEPUTY	
81. SIGNATURE OF SHERIFF'S DEPUTY		82. SIGNATURE OF SHERIFF'S DEPUTY		83. SIGNATURE OF SHERIFF'S DEPUTY		84. SIGNATURE OF SHERIFF'S DEPUTY		85. SIGNATURE OF SHERIFF'S DEPUTY	
86. SIGNATURE OF SHERIFF'S DEPUTY		87. SIGNATURE OF SHERIFF'S DEPUTY		88. SIGNATURE OF SHERIFF'S DEPUTY		89. SIGNATURE OF SHERIFF'S DEPUTY		90. SIGNATURE OF SHERIFF'S DEPUTY	
91. SIGNATURE OF SHERIFF'S DEPUTY		92. SIGNATURE OF SHERIFF'S DEPUTY		93. SIGNATURE OF SHERIFF'S DEPUTY		94. SIGNATURE OF SHERIFF'S DEPUTY		95. SIGNATURE OF SHERIFF'S DEPUTY	
96. SIGNATURE OF SHERIFF'S DEPUTY		97. SIGNATURE OF SHERIFF'S DEPUTY		98. SIGNATURE OF SHERIFF'S DEPUTY		99. SIGNATURE OF SHERIFF'S DEPUTY		100. SIGNATURE OF SHERIFF'S DEPUTY	

AB.156182

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1291

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles Poultry (Charles Poultney)

2. DATE
OF
DEATH

2-8-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Baltimore City Hospitals
4940 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

St. Paul Nursing Home-2305 St. Paul St.

c. Length of stay in Baltimore

9 days?

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

1874

9. AGE (In years last birthday)

77

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

D.O. RR.

11. BIRTHPLACE (State or foreign country)

PA.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

UNK.

14. MOTHER'S MAIDEN NAME

UNK.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL SECURITY NO.

17. INFORMANT Baltimore City Hospitals
Records: 4940 Eastern Ave.

18.

44-xx

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Azotemia

DUE TO

?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerotic Cardiovascular Renal Disease

DUE TO

?

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 1-31-1952, to 2-8-1952, that I last saw the deceased alive on 2-8-1952, and that death occurred at 8:40 A.M., from the causes and on the date stated above.

23A. SIGNATURE

J. S. Rogers M. D.

23B. ADDRESS

4940 Eastern Ave., Baltimore, Md.

23C. DATE SIGNED

2-8-1952

24A. BURIAL CREMATION, REMOVAL (Specify)

24B. DATE

2-12-52

24C. NAME OF CEMETERY OR CREMATORY

GLENN HAVEN

24D. LOCATION (City, town, or county)

BALTO.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

J. E. Felt Ave

131a

FEB 10 1952

VS 150

1931

32

NATIONAL BUREAU OF HEALTH DEPARTMENT

OFFICE OF VITAL STATISTICS

1931

32



V-216

82-6451

ca 1185

52 1292

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1292

Registered No.

2/8/52

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Dorothy M. Vespele

2. DATE
OF
DEATH

2.8.52

3. PLACE OF DEATH:

A. Baltimore City, Maryland 38.2 2nd St.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE MD

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 25-04

D. STREET ADDRESS (If rural, give location)

38.2 2nd St

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M.

8. DATE OF BIRTH

2.9.1887

9. AGE (In years
last birthday)

65

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

UNK.

14. MOTHER'S MAIDEN NAME

Marie Hyser

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Family - JANE

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Dementia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

myocarditis

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 10, 1951, to Feb 8, 1952 that I last saw the
deceased alive on 2/7, 1952, and that death occurred at 7:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Samuel P. [Signature]

23B. ADDRESS

203 Baltimore

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

B.

24B. DATE

7-11-52

24C. NAME OF CEMETERY OR CREMATORY

Baltimore

24D. LOCATION (City, town, or county)

Baltimore MD

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

1308 E. Fort Ave

FEB 10 1952

VS 150

61

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

3

52 1293

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1293

Registered No.

BIRTH NO. 600

1. NAME OF DECEASED
(Type or Print)

Joseph h W Murray

2. DATE
OF
DEATH

2/8/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland ✓

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

Anne Arundel

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore - Glen Burnie

D. STREET ADDRESS (If rural, give location)

R.F.D. #2 Box 160

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

South Baltimore General Hospital

Yrs.
Mos.
Days

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

2/8/1898

9. AGE (In years
last birthday)

53

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Stock Clerk

10B. KIND OF BUSINESS OR
INDUSTRY

B & O R.R.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George h. Murray

14. MOTHER'S MAIDEN NAME

Manie Hunt

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Murray, 1913 W. Lombard St

18.

470.0, ant 163X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Aortic Stenosis + Insufficiency

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Atherosclerotic Heart Disease

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Cancer of lungs;

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

m.

WHILE AT

NOT WHILE

WORK ☐AT WORK ☐22. I hereby certify that I attended the deceased from 11/21/52, 19__, to 2/8/52, 19__, that I last saw the
deceased alive on 2/8/52, 19__, and that death occurred at 5A. m., from the causes and on the date stated above.

23A. SIGNATURE

J. C. D. Quirino, M.D.

23B. ADDRESS

1213 Light St.

23C. DATE SIGNED

2/8/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 12/52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

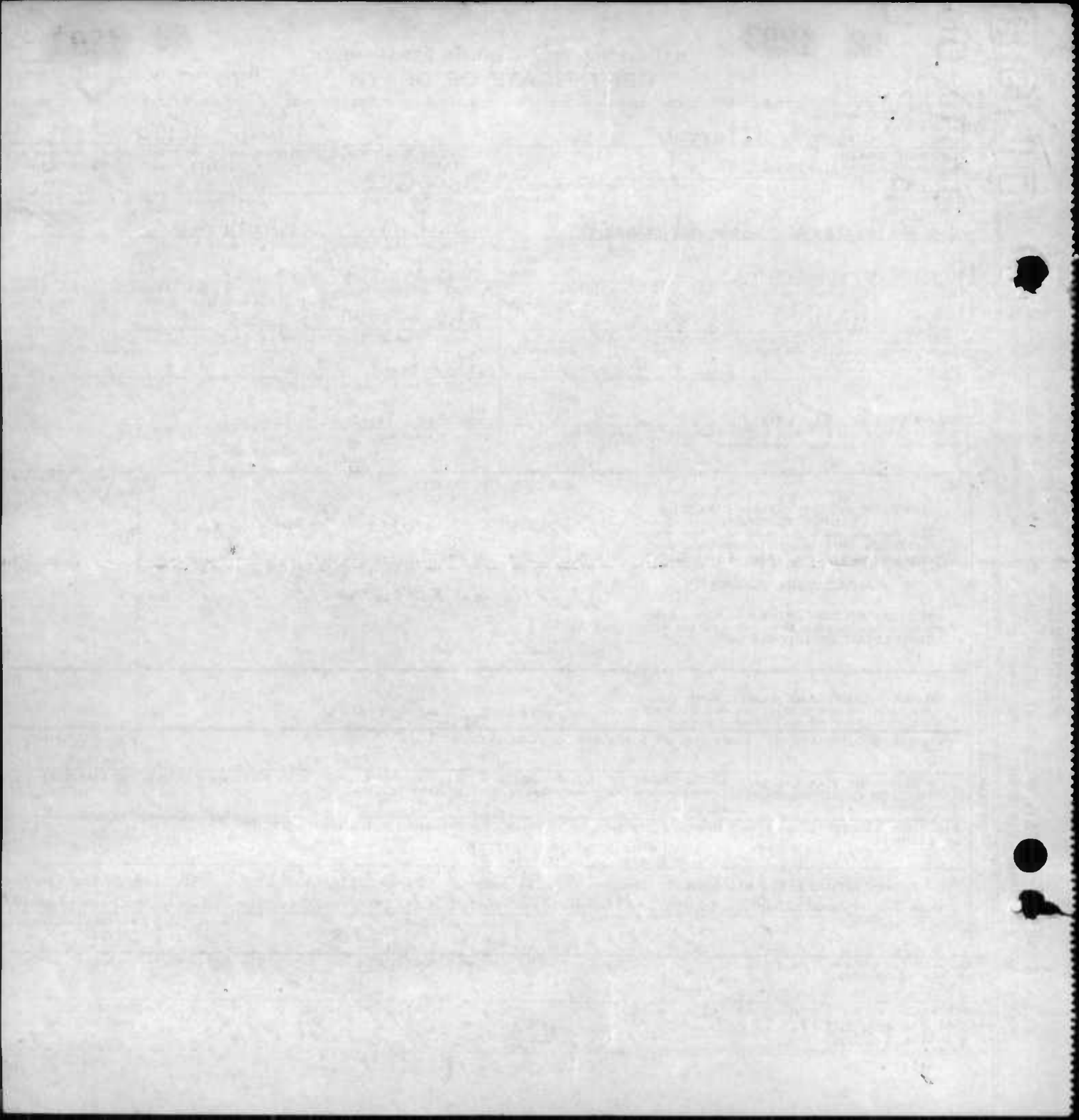
ADDRESS

4101 Edmondson Ave

VS 150

1952 390501 272

477



PLEASE WRITE IN INK ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

2 52 1294
300 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1294
Registered No.

1. NAME OF DECEASED (Type or Print) Cornelia H. White		2. DATE OF DEATH Feb. 8/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Crawford Retreat 2117 Dennison St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 19-03	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 1404 Hollins St	
5. SEX Female	6. COLOR OR RACE "hite"	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 8, 1872
9. AGE (In years last birthday) 80		10. BIRTHPLACE (State or foreign country) Balto. Md.	
11. BIRTHPLACE (State or foreign country) Balto. Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Geo. W. Hopkins		14. MOTHER'S MAIDEN NAME Anna Hall	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Mary K. Hopkins, 5511 Edna Ave		ADDRESS	
18. 442 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Uremia DUE TO chronic nephrosclerosis ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Generalized Arteriosclerosis DUE TO Arteriosclerotic Cardio-Vasc. Dis.		INTERVAL BETWEEN ONSET AND DEATH 1/23/52 ? ?	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 27, 1952 to Feb. 8, 1952 that I last saw the deceased alive on Feb 6, 1952 and that death occurred at 7:40 P. m. , from the causes and on the date stated above.			
23A. SIGNATURE Kenneth Kulemit M. D.		23B. ADDRESS 400 N. Helton St.	
23C. DATE SIGNED 2/8/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Feb. 12.52	
24C. NAME OF CEMETERY OR CREMATORY Western Cemetery		24D. LOCATION (City, town, or county) (State) Balto. Md.	
DATE RECEIVED BY LOCAL REGISTRAR FEB 11 1952		REGISTRAR'S SIGNATURE Huntington Williams	
25. FUNERAL DIRECTOR Harry A. Smith		ADDRESS 4101 Edmondson	

131a

[Faint, illegible handwriting on lined paper]



MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

K-540 52 1295

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52 1295

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) George W Kuehn

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION 43 South Baltimore Genl Hosp.

C. Length of stay in Baltimore Life

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sherrwood Bros.

13. FATHER'S NAME George Kuehn

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No

2. DATE OF DEATH 2/8/52

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md.

B. COUNTY Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 20-07

D. STREET ADDRESS (If rural, give location) 113 N. Monastery Ave.

B. DATE OF BIRTH Aug. 1, 1912

9. AGE (In years last birthday) 39

11. BIRTHPLACE (State or foreign country) Balto. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

14. MOTHER'S MAIDEN NAME Henrietta Flick

16. SOCIAL SECURITY NO. 216 07 7995

17. INFORMANT ADDRESS Mrs. Caroline Kuehn, 113 N. Monastery Ave

18. 199.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Colloid Carcinoma

INTERVAL BETWEEN ONSET AND DEATH 2 1/2 mo.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

MEDICAL CERTIFICATION

19A. DATE OF OPERATION 1/22/52

19B. MAJOR FINDINGS OF OPERATION Abdomen filled with gelatinous nodules of lesion

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/4, 1952, to 2/8, 1952, that I last saw the deceased alive on 2/8, 1952, and that death occurred at 12:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE W. H. Bowman

23B. ADDRESS South Baltimore Genl Hosp

23C. DATE SIGNED 2/8/52

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE Feb. 11/52

24C. NAME OF CEMETERY OR CREMATORY Western Cemetery

24D. LOCATION (City, town, or county) (State) Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR FEB 11 1952

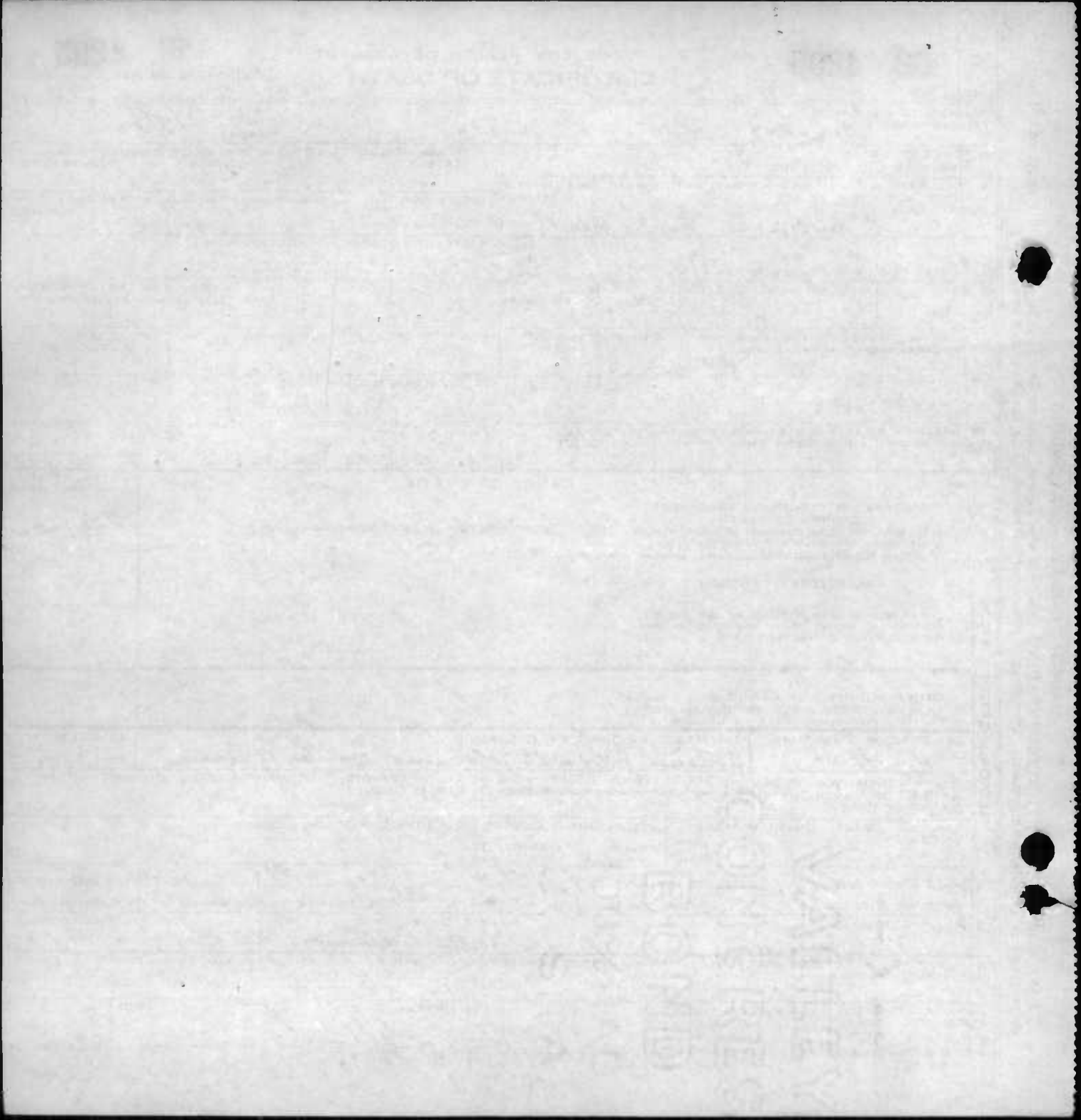
REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR ADDRESS 4101 Edmondson Ave

VS 150

6906T

55E



① R-360
52 1296

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1296

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

LOTTIE RITTER

2. DATE OF DEATH February 7, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE B. COUNTY

Maryland Carroll

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Westminster

c. Length of stay in Baltimore

10 yrs

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

Route 6,

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Aug. 19, 1907

9. AGE (In years last birthday)

44

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

waitress

10B. KIND OF BUSINESS OR INDUSTRY

Shamrock Restaurant

11. BIRTHPLACE (State or foreign country)

N. C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

340 16 6384

17. INFORMANT

ADDRESS

Herbert E. Ritter, Westminster, Md.

18. E 81241

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Craniocerebral Injury

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

street

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Reisterstown Road and Seven Mile Lane

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

12/25/51 1:30 P.m.

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Pedestrian struck by automobile

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Ritter

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

2/7/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Barial

24B. DATE

Feb. 11/52

24C. NAME OF CEMETERY OR CREMATORY

Pinksburg Methodist Ch. Centy. Carroll Co. Md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

FEB 11 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Edmondson

ADDRESS

4101 Edmondson

V S 151

N-803.2

784 6M

170C

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

State of New York

County of ...

City of ...

On the ... day of ...

at ...

...

...

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52 1297

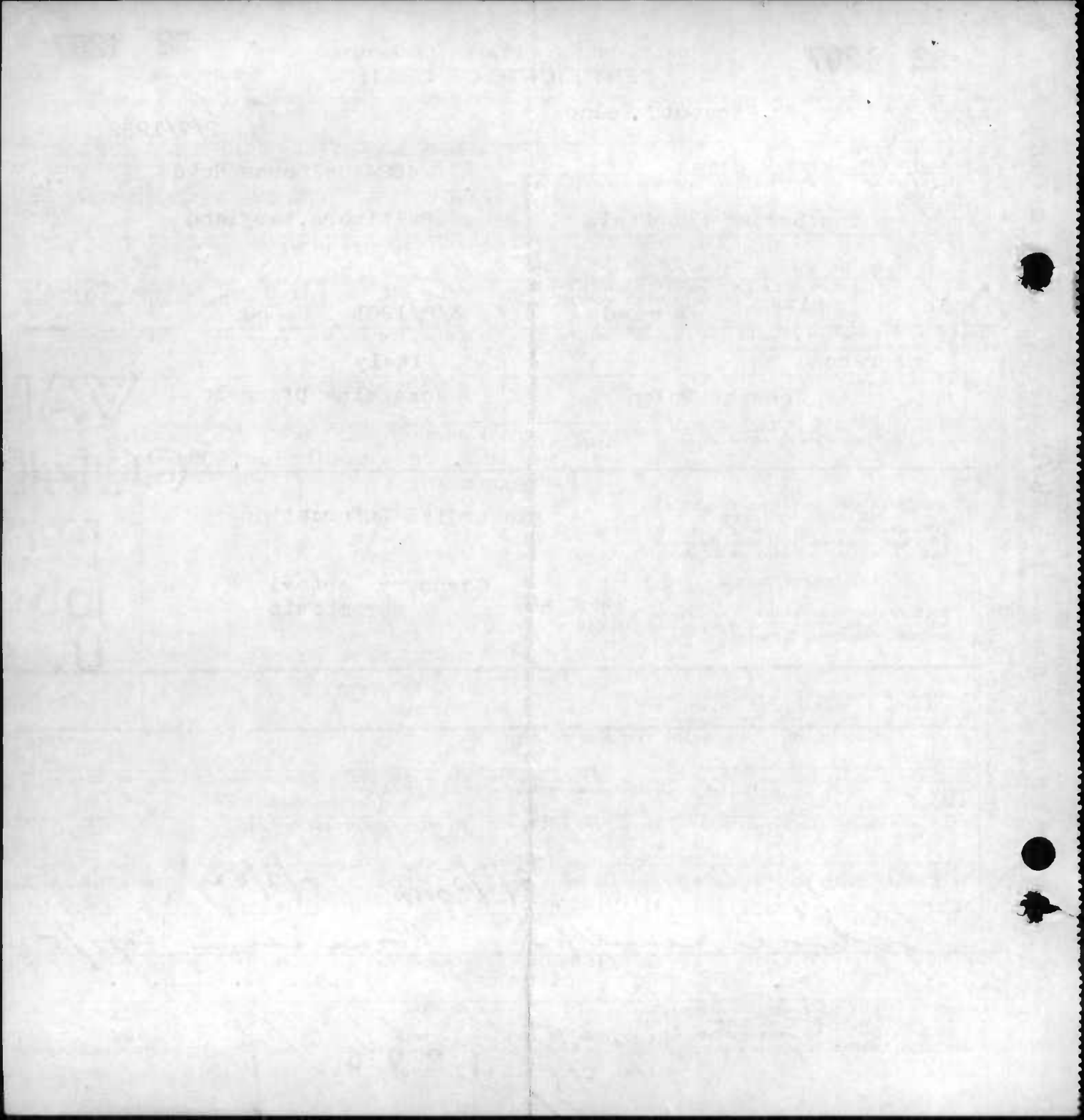
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1297
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Mr. Vincent J. Fulco		2. DATE OF DEATH 2/7/1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland yes		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE 4024 Colborne Rd			
B. FULL NAME OF HOSPITAL OR INSTITUTION Bon Secour Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, Maryland			
C. Length of stay in Baltimore 47 yrs		D. STREET ADDRESS (If rural, give location) 4024 Colborne Rd / 6-05			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3/8/1901	9. AGE (In years last birthday) 50	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Italy	
13. FATHER'S NAME Joseph Fulco		12. CITIZEN OF WHAT COUNTRY?			
14. MOTHER'S MAIDEN NAME Josephine D'Angelo					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mrs. Margaret Fulco, 4024 Colborne Rd	
18. 470.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial Infarction (A) DUE TO Coronary Arterial Thrombosis (B) DUE TO (C) DUE TO		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2/2/52 19, to 2/7/52 19, that I last saw the deceased alive on 2/7/52 19, and that death occurred at 9:50 m., from the causes and on the date stated above.					
23A. SIGNATURE John E. Connelley		23B. ADDRESS Bon Secour		23C. DATE SIGNED 2/7/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Feb. 11/52		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer	
24D. LOCATION (City, town, or county) (State) Belair Rd. Balto. Md.					
DATE RECEIVED BY LOCAL REGISTRAR FEB 11 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS 4101 Edmondson Ave	

VS 150

94a



52 1298

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1298

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Ella Johnson

2. DATE
OF
DEATH

Feb. 10, '52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1519 Bryn Mawr Ave.

c. Length of stay in Baltimore

1

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)10. Under 1 Year
Months: Days
11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

DOMESTIC LABORER

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

No

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Uremia

DUE TO

2 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Malignant Hypertension

DUE TO

6 years

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

NOT WHILE

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 10, 1952 to Feb. 10, 1952 and that I last saw the
deceased alive on Feb. 10, 1952 and that death occurred at 11 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Carol G. Johnson

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

Feb. 10, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

Feb. 11, 1952

24C. NAME OF CEMETERY OR CREMATORY

JANES' (COL) CEM. CHESTERTOWN-KENT-MD

24D. LOCATION (City, town, or county)

CHESTERTOWN-KENT-MD

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 11 1952

Huntington Williams, M.D.

J. Williams

Chesapeake, Md

VS 150

7208A

102

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE IN PENCIL ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

8-620
52 1299

PARKS
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1299
Registered No. 120802

BIRTH NO.					
1. NAME OF DECEASED (Type or Print) <i>William Pavell Parks</i>			2. DATE OF DEATH <i>Feb 10, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Virginia</i> B. COUNTY <i>V-43</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>USPITS Hosp</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Tangier Virginia</i>		
c. Length of stay in Baltimore <i>25</i> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Days			D. STREET ADDRESS (If rural, give location)		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	B. DATE OF BIRTH <i>May 1890</i>	9. AGE (In years last birthday) <i>62</i>	H Under 1 Year Months: Days H Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Seaman</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>U.S.A.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Edward Parks</i>			14. MOTHER'S MAIDEN NAME <i>Eliza Brown</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>William Pavell Parks Tangier, Va</i>		
18. <i>331X 1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cerebrovascular accident</i> DUE TO (A) <i>Cerebrovascular accident</i> (B) (C) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH <i>30 days</i>		
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK AT <input type="checkbox"/> NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>1-16</i> , 1952 to <i>2-10</i> , 1952, that I last saw the deceased alive on <i>2-10</i> , 1952, and that death occurred at <i>m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>R. H. McPherson</i> M. D.		23B. ADDRESS <i>1121 HS Hwy. Balt</i>		23C. DATE SIGNED <i>2-10-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		24B. DATE <i>Feb 13, 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Tangier Cemetery</i>	24D. LOCATION (City, town, or county) (State) <i>Tangier Island, Virginia</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 11 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS <i>W. W. Waverly, Braxshaw, Fairfax, Va</i>	

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52 1300

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1300

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

THOMAS GOSNELL

2. DATE
OF
DEATH

2/7/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Md.B. COUNTY
BALTO.B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

100 Harbor & 25th St.

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

CATONSVILLE MD 5300

c. Length of stay in Baltimore

28 yrs.

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

611 Coleraine Rd 28

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

9/6/1867

9. AGE (In years
last birthday)

84

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

stock clerk Elec. manufacturing

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Charles Gosnell

14. MOTHER'S MAIDEN NAME

Sara Mercer

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Nancy Kaiser same

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

acute coronary occlusion

Sudden

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Arteriosclerotic Heart Disease unknown

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from June, 1951, to Feb 5, 1952, that I last saw the
deceased alive on Feb 5, 1952, and that death occurred at 12:30 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. Clara

M. D.

23B. ADDRESS

Baltimore 29, Md

23C. DATE SIGNED

2/8/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

2/12/52

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county)

Baltimore Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 11 1952

Huntington Williams, M.D. & Son

Catonville 28

937

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0001 82

CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of informant		12. Signature of witness	

52 1301

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1301

Registered No.

BIRTH NO. 52-03296

1. NAME OF DECEASED
(Type or Print)

BABY GIRL Zepp

2. DATE
OF
DEATH

2-10-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2025 W. FAYETTE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MD

CARROLL

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

Bon Secours Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Westminster

5641

D. STREET ADDRESS (If rural, give location)

238 E MAIN ST

c. Length of stay in Baltimore

5 Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

FEMALE

WHITE

SINGLE

2-8-52

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

NONE

NONE

MD

USA

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

George Franklin Zepp

Verna Catherine Fischer

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

760.0 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Endocrinal hemorrhage

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT

WORK

NOT WHILE

AT WORK

22. I hereby certify that I attended the deceased from 2-8, 1952 to 2-10, 1952, that I last saw the
deceased alive on 2-10, 1952, and that death occurred at 7:30 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL FEB 10 1952 ZION METHODIST CEM. NEAR WESTMINSTER MD.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 11 1952

Huntington Williams, Jr.

JOHN R. B. BERS WESTMINSTER, MD

VS 150

160a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

52 1302

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1302

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BEN

BORKOWITZ

2. DATE
OF
DEATH

February 7, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Baltimore City Morgue

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

22-02

D. STREET ADDRESS (If rural, give location)

328 W. Camden Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Unknown

8. DATE OF BIRTH

1877

9. AGE (In years
last birthday)

75 2

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Unknown

10B. KIND OF BUSINESS OR
INDUSTRY

unknown

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Harry Hochman

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

*William H. Wood*23B. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☒MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Feb. 8, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 11 1952

*Huntington Williams**Soldatov & Bros. 1124-26 N. North Ave*

100-100

100-100

100-100



52 1303

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1303
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANTHONY B. VAN RHYN

2. DATE
OF
DEATH

Feb. 9, 1952

3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

5. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

18-03

D. STREET ADDRESS (if rural, give location)

824 W. Lombard St.

c. Length of stay in Baltimore

35

5. SEX

MALE

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

9. AGE (In years
last birthday)

62

10. Under 1 Year

11. Under 24 Hours

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Painter

10B. KIND OF BUSINESS OR
INDUSTRY

House painter

11. BIRTHPLACE (State or foreign country)

Holland

12. CITIZEN OF
WHAT COUNTRY?

N

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Mrs. Charles M. Stumpner 2100 Northland Rd

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) FRACTURE OF NECK

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

min

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

home

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

824 W LOMBARD

18/3

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

2 9 52 20m.

21E. INJURY OCCURRED

WHILE AT ☐NOT WHILE ☒

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

Fell down stairs

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. S. Fisher M.D.

23B. CHIEF MEDICAL EXAMINER.....☒ASSISTANT MEDICAL EXAMINER.....☐MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

2/9/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/11/1952

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington, Williams, M. F. John S. Mitchell, Jr.

25. FUNERAL DIRECTOR

ADDRESS

1900 Eutaw Place

VS 151

N-805.0

56424

186a

MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

[Faint, illegible handwriting]

[Faint, illegible handwriting]

[Faint, illegible handwriting]

[Faint, illegible handwriting]

[Faint, illegible handwriting]

[Faint, illegible handwriting]

[Faint, illegible handwriting]

[Faint, illegible handwriting]

[Faint, illegible handwriting]

[Faint, illegible handwriting]

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[Faint, illegible handwriting]

[Faint, illegible handwriting]

[Faint, illegible handwriting]

[Faint, illegible handwriting]

[Faint, illegible handwriting]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 1304
142

52 1304

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

KAZIMERAS KUBILIUS

2. DATE
OF
DEATH

2-8-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland ✓

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

39 S. PARKIN ST.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

18-03

D. STREET ADDRESS (If rural, give location)

39 S. PARKIN ST.

C. Length of stay in Baltimore

52. Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

NOV 4 1869

9. AGE (in years last birthday)

82

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FARMER

10B. KIND OF BUSINESS OR INDUSTRY

SELF.

11. BIRTHPLACE (State or foreign country)

LITHUANIA

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

UNKNOWN.

14. MOTHER'S MAIDEN NAME

UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

JOHN KUBILIUS

1601 E. N. B. D. MIPRIS ESTATE AND MIDDLE RIVER

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

Carcinoma of Pancreas

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

2 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER- Lying ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-2, 1952, to 2-8, 1952, that I last saw the deceased alive on 2-8, 1952, and that death occurred at 6 A. m., from the causes and on the date stated above.

23A. SIGNATURE

John P. Ueluck, Jr.

M. D.

23B. ADDRESS

1221 Waverly Blvd

23C. DATE SIGNED

2-9-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

2-11-52

24C. NAME OF CEMETERY OR CREMATORY

HOLY REDEEMER

24D. LOCATION (City, town, or county)

BELAIR RD

(State)

MD.

DATE RECEIVED BY LOCAL REGISTRAR

FEB 11 1952

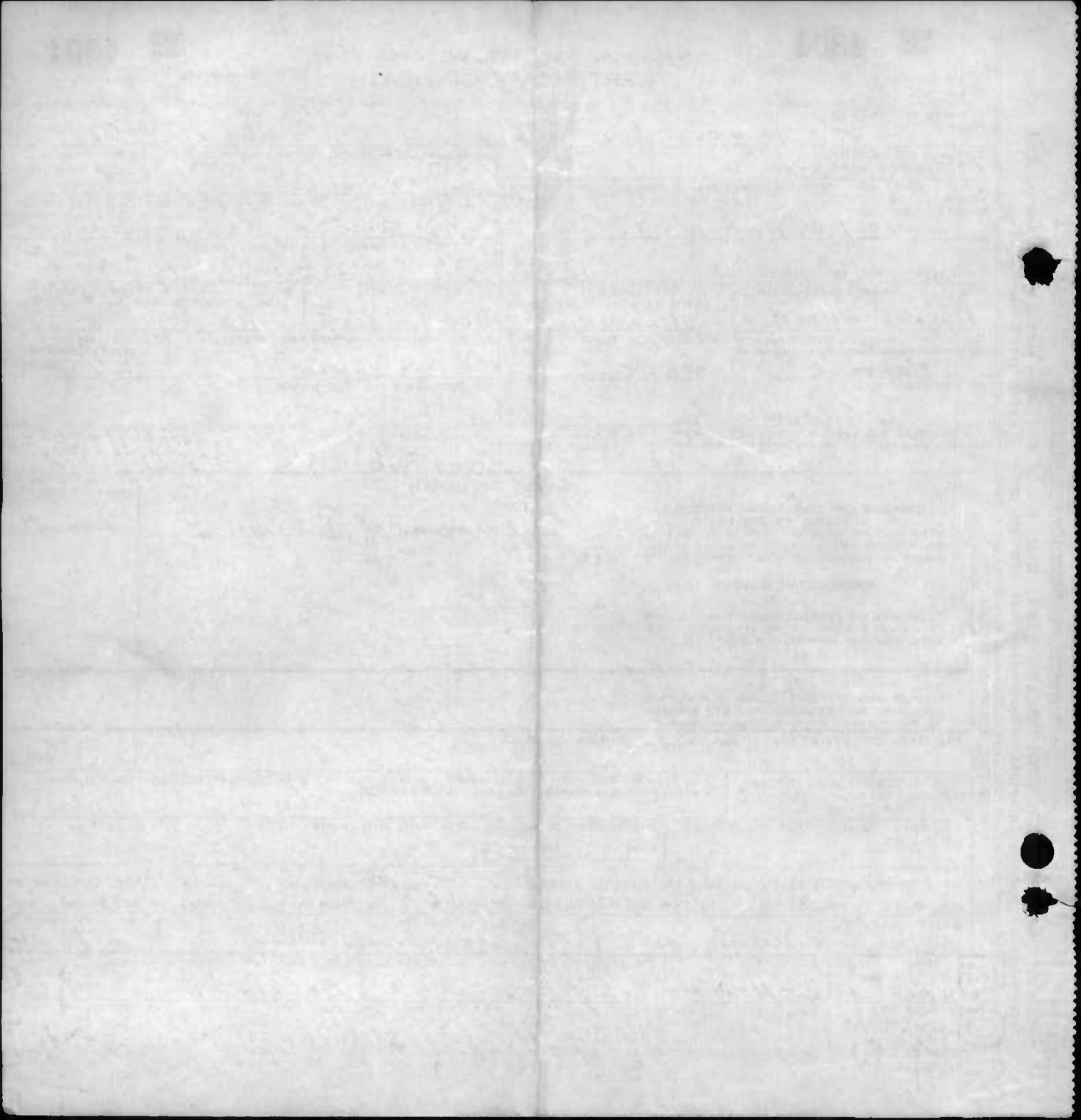
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

CHARLES W. KAGRAUSKAS 703 McHENRY ST

ADDRESS



52 1305

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 1305

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MILDRED Cohn

2. DATE
OF
DEATH

FEB 10, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

MB93

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

NEW YORK

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Long Island

D. STREET ADDRESS (If rural, give location)

150 E. ROCKAWAY RD.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

11-16-11

9. AGE (In years
last birthday)

40

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

New York, N.Y.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Louis BROUS

14. MOTHER'S MAIDEN NAME

LENA GARSSEN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

Cerebral Embolism

(A)

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Mitral Stenosis, Atrial Thrombosis 13 yrs.

(C)

Rheumatic Heart Disease 13+ yrs.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Feb. 8, 1952

19B. MAJOR FINDINGS OF OPERATION

Mitral stenosis

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORKNOT WHILE
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-22-1952 to 2-10-1952, that I last saw the
deceased alive on 2-10-1952, and that death occurred at 6:55 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Dwight C. McLean

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

Feb. 10, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

2-11-52

24C. NAME OF CEMETERY OR CREMATORY

Mount Hope Cem

24D. LOCATION (City, town or county)

New York, N.Y.

DATE RECEIVED BY
LOCAL REGISTRAR

EB 11 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Jack Rogers Inc 2100 E. 12th St

ADDRESS

VS 150

9213

MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

72

CERTIFICATE AMENDED

4-27-70

52

1306

52

1306

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Julius Sommer
~~*Julius Sommers*~~

2. DATE OF DEATH

2/10/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Sinai Hosp

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

MD

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 15-37

D. STREET ADDRESS (If rural, give location)

3206 Monowmin Ave

c. Length of stay in Baltimore

10

5. SEX

M

6. COLOR OR RACE

N

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

Aug 29, 1883

9. AGE (in years last birthday)

68

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Cardiologist

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Abraham

14. MOTHER'S MAIDEN NAME

Helene

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT *SOMMER* ADDRESS *Rosa Sommer - same*

18.

260X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Necrotizing Renal papillitis*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Urinary tract infection*

DUE TO

(C) *Prostate Mellitus*

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *1/28, 1952* to *2/10, 1952*, that I last saw the deceased alive on *2/10, 1952* and that death occurred at *12:30* m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 11 1952

Huntington Williams, M.D. 2100 Eutaw St

VS 150

82010

61

MARGIN RESERVED FOR BINDING

PLEASE WRITE PROMPTLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Corrected by letter from the United States District Court for Naturalization
of Julius SOMMER on October 10, 1945 - Certificate #6536010, and Affidavit from
Atty. John Marcuse 209 Tower Bldg., Baltimore, Md. - Attorney for Widow.

4-27-70 M.H.

52 1307

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1307
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SAMUEL SELITERMAN

2. DATE
OF
DEATH

2-10-52

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Md

b. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

70

Levendale

c. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 6-03

d. STREET ADDRESS (If rural, give location)

2107 E. Fairmount Ave

c. Length of stay in Baltimore

48

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

Male

White

Widowed

84

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

Retired

Express

Russia

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Israel

not known

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Isador Selberman - 3806 Cedarvale Rd

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

(A)

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.cerebral thrombosis
arteriosclerosis3 day
year

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 2-17-52, to 2-10-52, that I last saw the
deceased alive on 2-10-52 and that death occurred at 7:15 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Harry Nagel

M. D.

23B. ADDRESS

Levendale Home

23C. DATE SIGNED

2-10-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

2-11-52

Rosedale

Baltimore

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 11 1952

Huntington Williams, M.D.

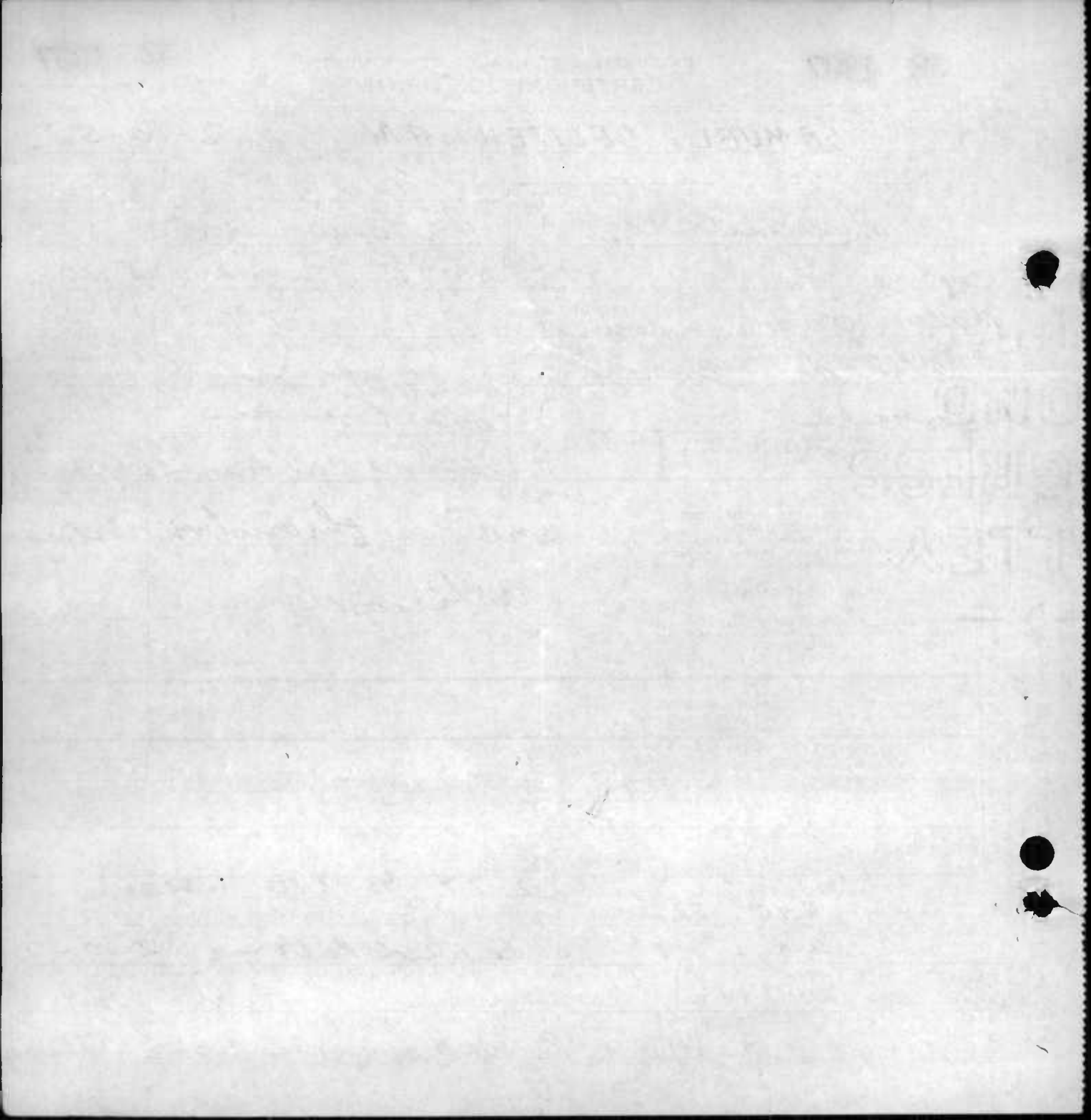
Jack Lewis 2100 Canton St

VS 150

8313

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARGIN RESERVED FOR BINDING

C-64252 1308

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1308
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Johanna A. Carlson		Feb. 8-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)			
Balto		A. STATE Md.			
B. FULL NAME OF (If not in hospital or institution, give street address or location)		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)			
6123 Fairdel Ave		Balto 27-34			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)			
28 yrs		6123 Fairdel Ave			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. Under 1 Year
F	W.	Widowed	Aug 30 1885	66	Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
General Work Crossover Blackroll				Germany	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		12. CITIZEN OF WHAT COUNTRY?	
Postelma		Rashnick		U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
No		217-20-1611A		Frieda G. Kilduff 6123 Fairdel Ave	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) ANTECEDENT CAUSES		Carcinoma Stomach		2 yrs	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO			
		(C) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY?
0					YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 10, 1952, to Feb 8, 1952, that I last saw the deceased alive on Feb 4, 1952, and that death occurred at 7:50 p.m., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
William L. Feeney		3025 Belair Road		2-9-52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		2-11-52		Loudon Park Cem.	
				Frederick Rd. Balto. Md	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	
FEB 11 1952		Huntington Williams, Jr.		7110 Belair Rd.	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Fearing 3025 Culver St

B-654 52 1309

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1309

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Agnes Davey Brownley</i>		2. DATE OF DEATH <i>Feb. 11 '1952</i>	
3. PLACE OF DEATH: <i>Baltimore City, Maryland</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY			
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Maryland General Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>			
6. Length of stay in Baltimore <i>48</i> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>1213 Linden Ave. #17</i>			
5. SEX <i>F.</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Feb. 7, 1887</i>	9. AGE (In years last birthday) <i>65</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Sales lady</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>New York</i>	
13. FATHER'S NAME <i>William Davey</i>		14. MOTHER'S MARDEN NAME <i>Agnes Sumner</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	

18. <i>443x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	(A) <i>Acute pulmonary edema</i>		
	(B) <i>Hypertensive cardio-vascular disease</i>		
	(C)		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Feb. 9, 1952</i> to <i>Feb. 11, 1952</i> , that I last saw the deceased alive on <i>Feb. 11, 1952</i> , and that death occurred at <i>6:15 pm.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Dr. Jui Lin</i>		23B. ADDRESS <i>M.D. Maryland General Hospital</i>		23C. DATE SIGNED <i>Feb. 11 '1952</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>2/14/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>St Marys Cem</i>	
24D. LOCATION (City, town, or county) <i>Norfolk Va</i>		24E. DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 11 1952</i>		24F. REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
25. FUNERAL DIRECTOR <i>J. J. Zaher</i>		25A. ADDRESS <i>1218 Light</i>		25B. DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 11 1952</i>	

4936R 300

937

MARGIN RESERVED FOR BINDING

PLEASE WRITE legibly, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

0061 95

0061 95

RECEIVED FOR DEATH

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Garfield Epps

2. DATE
OF
DEATH

February 9, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

1337 Myrtle Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1337 Myrtle Ave.

c. Length of stay in Baltimore

40 Yrs.

5. SEX

M

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

3/10/1885

9. AGE (In years last birthday)

66

10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Coal Dealer

10B. KIND OF BUSINESS OR INDUSTRY

Coal Dealer

11. BIRTHPLACE (State or foreign country)

Blackstone, Virginia

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Frank Epps

14. MOTHER'S MAIDEN NAME

Lucinder Stokes

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

ADDRESS

Mammie Jefferson, 1337 Myrtle Ave.

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

CARDIO VASCULAR

DUE TO

DISEASE

(B)

BROKEN COMPENSATION

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

2 YRS

6 Mo's

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT ☐ WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JUNE 15, 1951, to FEB 9, 1952 that I last saw the deceased alive on FEB 7, 1952, and that death occurred at 10³⁰ p.m., from the causes and on the date stated above.

23A. SIGNATURE

William Frey

M. D.

23B. ADDRESS

1928 Penna Ave

23C. DATE SIGNED

2/11/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/13/52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Gazerine Cemetery Blackstone, Virginia

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Charles E. Law, 802 Madison Ave.

FEB 11 1952

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UNITED STATES DEPARTMENT OF THE INTERIOR

BUREAU OF LAND MANAGEMENT

0121 92



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

252 1311

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1311
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Ernest R. Jackson		Feb. 7, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		Balto., Md.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE	
B. FULL NAME OF HOSPITAL OR INSTITUTION		606 Pitcher Street		B. COUNTY	
c. Length of stay in Baltimore		Life		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 14-02	
5. SEX		6. COLOR OR RACE		8. DATE OF BIRTH	
M		Negro		12/9/95	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		Married		9. AGE (In years last birthday)	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
Chauffer		Hub Furniture Co.		Baltimore, Md, Maryland	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		12. CITIZEN OF WHAT COUNTRY?	
William Jackson		Unknown		U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT	
Yes		217-07-5255		606 Pitcher St. Mrs. Bernice D. Jackson	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
421.0 I		Coronary thrombosis		Dthn	
ANTECEDENT CAUSES		(A) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO			
		(C) DUE TO			
II					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
0				YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, and that death occurred at _____ m., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
[Signature]		1723 Duval Hotel Co		2-9-52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		2/11/52		Baltimore National	
24D. LOCATION (City, town, or county)		24E. FUNERAL DIRECTOR		24F. ADDRESS	
Baltimore, Maryland		Charles R. Law, 802 Madison Ave.			
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR	
FEB 11 1952		Huntington Williams, M.D.		ADDRESS	
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AB-105872

52 1312

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1312

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Fred Love

2. DATE
OF
DEATH

1-28-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)Baltimore City Hospitals
4940 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

26-12

c. Length of stay in Baltimore

33 yrs ?

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

4940 Eastern Ave., Baltimore City Hospitals

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Nov. 25, 1899

9. AGE (In years

last birthday)

52

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Florida

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Charley Love

14. MOTHER'S MAIDEN NAME

Georgia ? Love

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Baltimore City Hospitals
Records: 4940 Eastern Ave.

18.

600.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremia

DUE TO

Years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Pyelonephritis

DUE TO

Years

(C) Urethral stricture

Years

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.Pneumonia-terminal
Pulmonary emphysema2 or 3 days
Years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ WORKNOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-6-1946 to 1-28-1952, that I last saw the deceased alive on 1-28-1952, and that death occurred at 9:20 P. M., from the causes and on the date stated above.

23A. SIGNATURE

J. S. Brown

M. D.

23B. ADDRESS

4940 Eastern Ave., Baltimore, Md.

23C. DATE SIGNED

2-7-1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

2/12/52

Baltimore National

Baltimore, Md.

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 11 1952

Huntington Williams, M.D.

Charles E. Law

CASE OF DEATH

DECEASED'S NAME
 SEX
 AGE
 DATE OF BIRTH
 PLACE OF BIRTH
 OCCUPATION
 MARITAL STATUS
 EDUCATION
 RELIGION
 RACE
 COLOR
 SEX
 AGE
 DATE OF BIRTH
 PLACE OF BIRTH
 OCCUPATION
 MARITAL STATUS
 EDUCATION
 RELIGION
 RACE
 COLOR

CASE OF DEATH

DECEASED'S NAME
 SEX
 AGE
 DATE OF BIRTH
 PLACE OF BIRTH
 OCCUPATION
 MARITAL STATUS
 EDUCATION
 RELIGION
 RACE
 COLOR

CASE OF DEATH

DECEASED'S NAME
 SEX
 AGE
 DATE OF BIRTH
 PLACE OF BIRTH
 OCCUPATION
 MARITAL STATUS
 EDUCATION
 RELIGION
 RACE
 COLOR

CASE OF DEATH

DECEASED'S NAME
 SEX
 AGE
 DATE OF BIRTH
 PLACE OF BIRTH
 OCCUPATION
 MARITAL STATUS
 EDUCATION
 RELIGION
 RACE
 COLOR

CASE OF DEATH

DECEASED'S NAME
 SEX
 AGE
 DATE OF BIRTH
 PLACE OF BIRTH
 OCCUPATION
 MARITAL STATUS
 EDUCATION
 RELIGION
 RACE
 COLOR

CASE OF DEATH

DECEASED'S NAME
 SEX
 AGE
 DATE OF BIRTH
 PLACE OF BIRTH
 OCCUPATION
 MARITAL STATUS
 EDUCATION
 RELIGION
 RACE
 COLOR

CASE OF DEATH

DECEASED'S NAME
 SEX
 AGE
 DATE OF BIRTH
 PLACE OF BIRTH
 OCCUPATION
 MARITAL STATUS
 EDUCATION
 RELIGION
 RACE
 COLOR

C-621
52 1313BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1313

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Casper B. Crispens -

2. DATE
OF
DEATH

2-10-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

City Hospitals -

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Md. - 9-6-11

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore - Md.

D. STREET ADDRESS (If rural, give location)

1003 S. East Avenue

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

4-10-95

9. AGE (in years,
last birthday)

56

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Clerk

10B. KIND OF BUSINESS OR
INDUSTRY

A.P. Bakery -

11. BIRTHPLACE (State or foreign country)

Baltimore -

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

David Crispens

14. MOTHER'S MAIDEN NAME

Louise Faulk -

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Edna Crispens - 1003 S. East Ave

18.

420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Angina Pectoris

DUE TO

1-20-52

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Acute Coronary Occlusion

DUE TO

2-10-52

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

None.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

None.

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

None

21C. WHERE DID
INJURY OCCUR?

None

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

None

21E. INJURY OCCURRED

WHILE AT ☒ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

None.

22. I hereby certify that I attended the deceased from 1-20-1952, to 2-10-1952, that I last saw the
deceased alive on 2-6-1952, and that death occurred at 1:15 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Edschim

M. D.

23B. ADDRESS

842 S East Ave

23C. DATE SIGNED

2-11-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2-13-52

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn

24D. LOCATION (City, town, or county)

Baltimore - Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Lilly + Zecher 403 S. Wolfe

FEB 11 1952

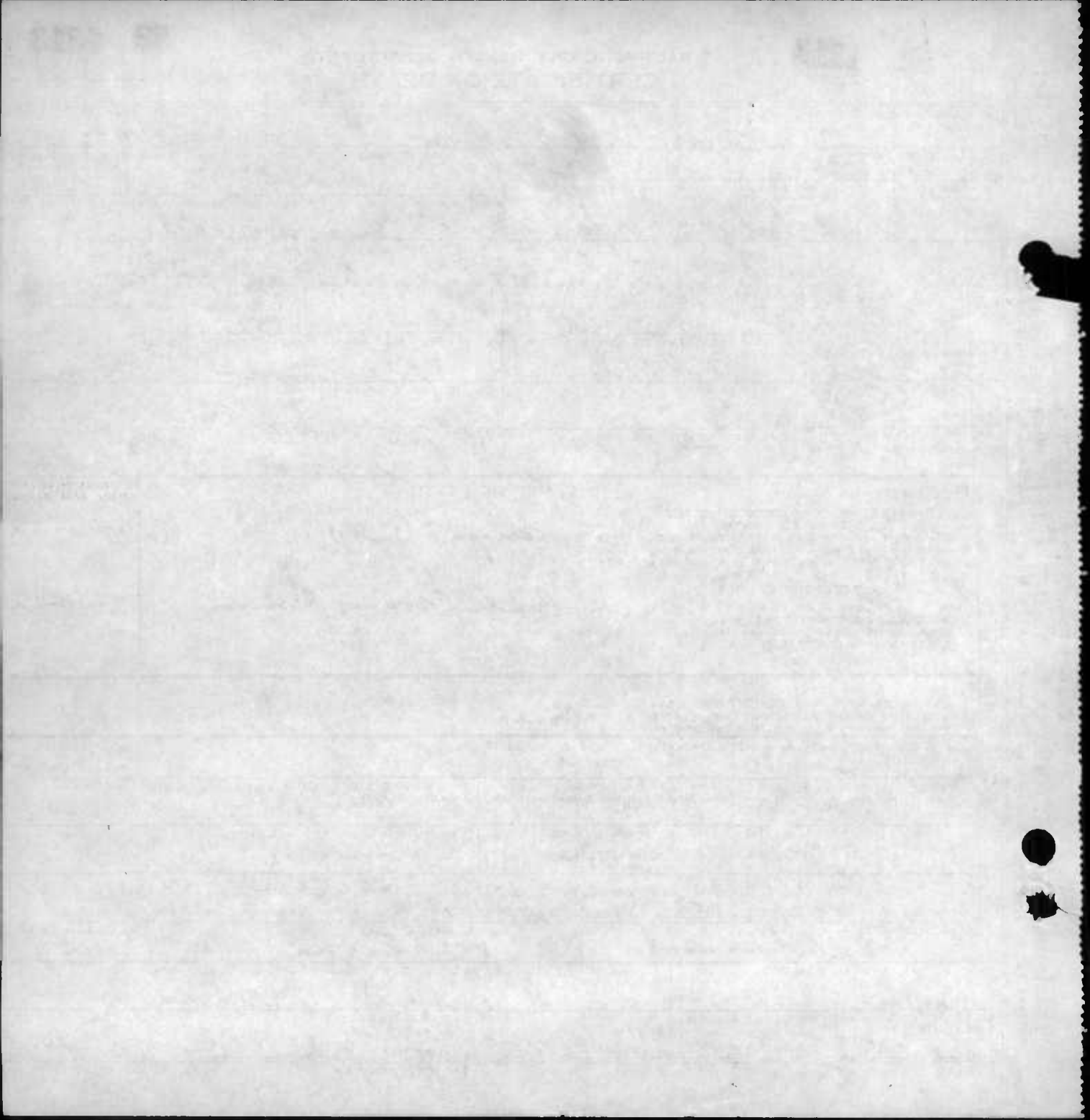
VS 150

39044

94a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 1314

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Kroneberger Edith A.

2. DATE
OF
DEATH

2-9-52-12-45

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

12-04

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Franklin Square Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Balto Md.

C. Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widow

8. DATE OF BIRTH

6-10-1894

9. AGE (In years last birthday)

57

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

saleslady

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John L. Beigel

14. MOTHER'S MAIDEN NAME

Wantschafer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Philip Beigel - 3614 Jolene Rd.

18.

331X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *cerebral hemorrhage*

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

2-7-52-29-52

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *hypertension, left side*

DUE TO

(C) *paralysis*

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *2/8* 19*52* to *2/9* 19*52* that I last saw the deceased alive on *2/9* 19*52* and that death occurred at *2:45* p.m., from the causes and on the date stated above.

23A. SIGNATURE

Robert S. Chambers

M. D.

23B. ADDRESS

Franklin Square Bldg.

23C. DATE SIGNED

2/9/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial 2/12/52 Loudon Park Balto

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, M.D.

Ullrich Funeral Home 2004 Adams

FEB 11 1952

VS 150

9524906V1315

83a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1941 52

1941 52

1941 52



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 1315
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FRANK J. Ludwig

2. DATE
OF
DEATH

Feb 9 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

St Josephs Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto. City 26-02

D. STREET ADDRESS (If rural, give location)

4401 Valley View Ave

C. Length of stay in Baltimore

Life

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

July 4-1898

9. AGE (In years last birthday)

73

10. Under 1 Year

11. Under 24 Hours

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Mill Hand

10B. KIND OF BUSINESS OR INDUSTRY

Wood Working Plant Industry

11. BIRTHPLACE (State or foreign country)

Bohemia

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Frank J. Ludwig

14. MOTHER'S MAIDEN NAME

Mary Krapelich

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs F.J. Ludwig 4401 Valley View Ave

18. *E840x*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *FRACTURE OF SKULL*

3 hrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

STREET

Bel Air Rd & Woodley Ave

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

2-9-52

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Pedestrian hit by STREET CAR

22. I certify that I took charge of the remains described above, held an *Inspection* thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R.R. Fisher

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED *2-10-52*

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/12/52

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cem.

24D. LOCATION (City, town, or county)

Balto

md

DATE RECEIVED BY LOCAL REGISTRAR

FEB 11 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Funeral Home, 2401 Belair Rd.

V S 151

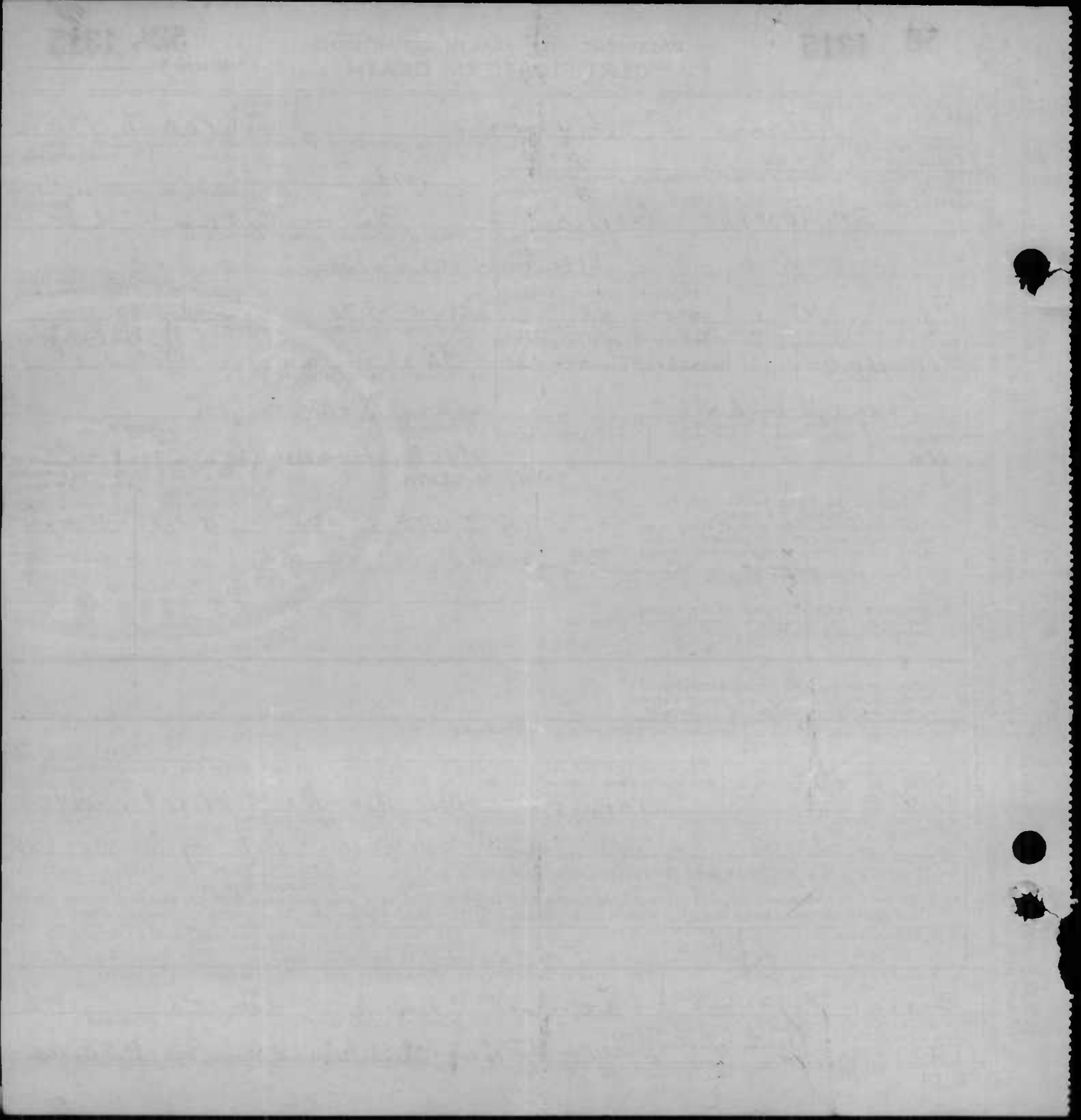
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69031

1712

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



G 320 1316

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1316

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

Feb 8 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

B. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C) DUE TO

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 1945, 19, to Feb 8, 1952, that I last saw the
deceased alive on Feb 1, 1952, and that death occurred at 9:25 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

1111

1111



C-625
52 1317BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1317
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Annie L. Corson

2. DATE
OF
DEATH

Feb 8 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore 24 N. Luzerne Ave

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE B. COUNTY

MD

B. FULL NAME OF
HOSPITAL OR
INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 6-02

C. Length of stay in Baltimore

Life 60

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

24 N. Luzerne Ave

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give year or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Rohr Still 24 N. Luzerne Ave

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

20 yrs.

1 yr.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 5, 1951, to Feb 8, 1952, that I last saw the
deceased alive on Feb 6, 1952, and that death occurred at 4:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 11 1952

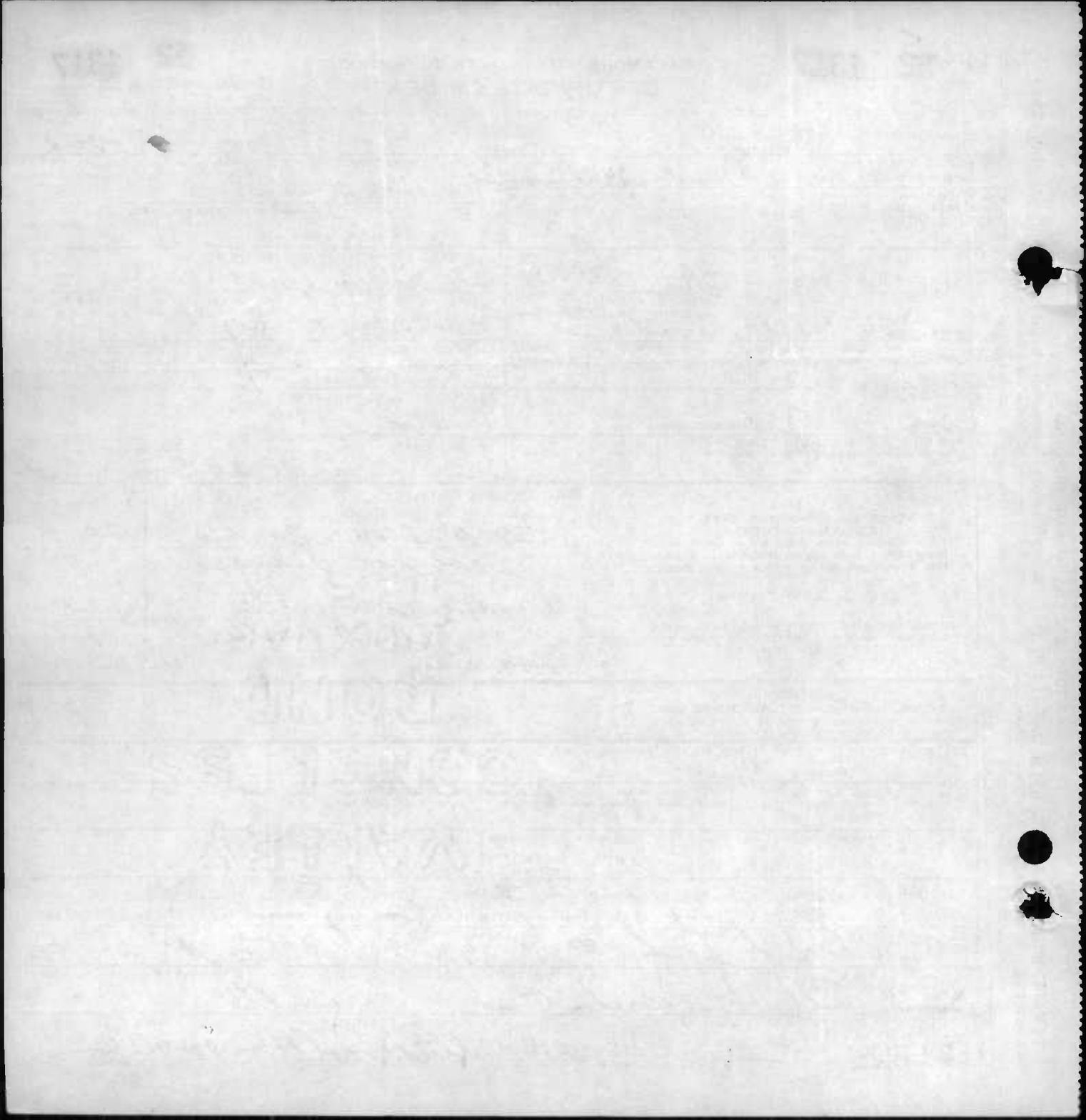
Huntington-Walker, 1111 E. Baltimore St. Home 2004

VS 150

93 D

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No.

52 1318

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Thomas Tilton Lanham

2. DATE
OF
DEATH

Feb 9, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

44 Union Memorial Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

2614 Hampden Ave

C. Length of stay in Baltimore

47

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

July 20, 1904

9. AGE (In years last birthday)

47

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

pastor

10B. KIND OF BUSINESS OR INDUSTRY

Ice cream Parlor

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Towney Lanham

14. MOTHER'S MAIDEN NAME

Mamie Dann

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

216-03-8330

17. INFORMANT

ADDRESS

Mrs Cath. Lanham

18. *443x*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Cerebro Vascular Hemorrhage*

4/10

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Hypertensive Cardio-vascular Disease*

yes

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Nov 20, 1951* to *Feb 9, 1952*, that I last saw the deceased alive on *Feb 9, 1952*, and that death occurred at *1:00 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE

Richard R. Beach

23B. ADDRESS

Richard R. Beach

23C. DATE SIGNED

2-9-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb 12-52

24C. NAME OF CEMETERY OR CREMATORY

St Marys St. Marys

24D. LOCATION (City, town, or county)

Baltimore, Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Feb 11 1952

VS 150

Huntington, William

814 St 36th St. 11

937

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

8391 53

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CERTIFICATE OF DEATH

1913

DEPARTMENT OF HEALTH AND HUMAN SERVICES

U.S. GOVERNMENT PRINTING OFFICE

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 1319
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

WILLIAM C. Cornish

2. DATE
OF
DEATH

2-8-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Md

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township.)

Baltimore 16-01

D. STREET ADDRESS (If rural, give location)

1032 N. Arlington Ave

c. Length of stay in Baltimore

64 yrs

5. SEX

6. COLOR OR RACE

7. SINGLE/MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)

If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Augusta A. Cornish - 1032 Arlington Ave

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) *Carcinoma of Parotid
gland*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)
DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an *Inquiry* thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

W. J. McCloerty

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

2-8-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Funeral

Feb. 12-52

Wm. Auburn Co.

Balto. City

FEB 11 1952

Huntington Williams, M.D.

Samuel W. Sullivan

555

V S 151

1011 N. Arlington Ave

MARGIN RESERVED FOR BRANDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

James M. Smith

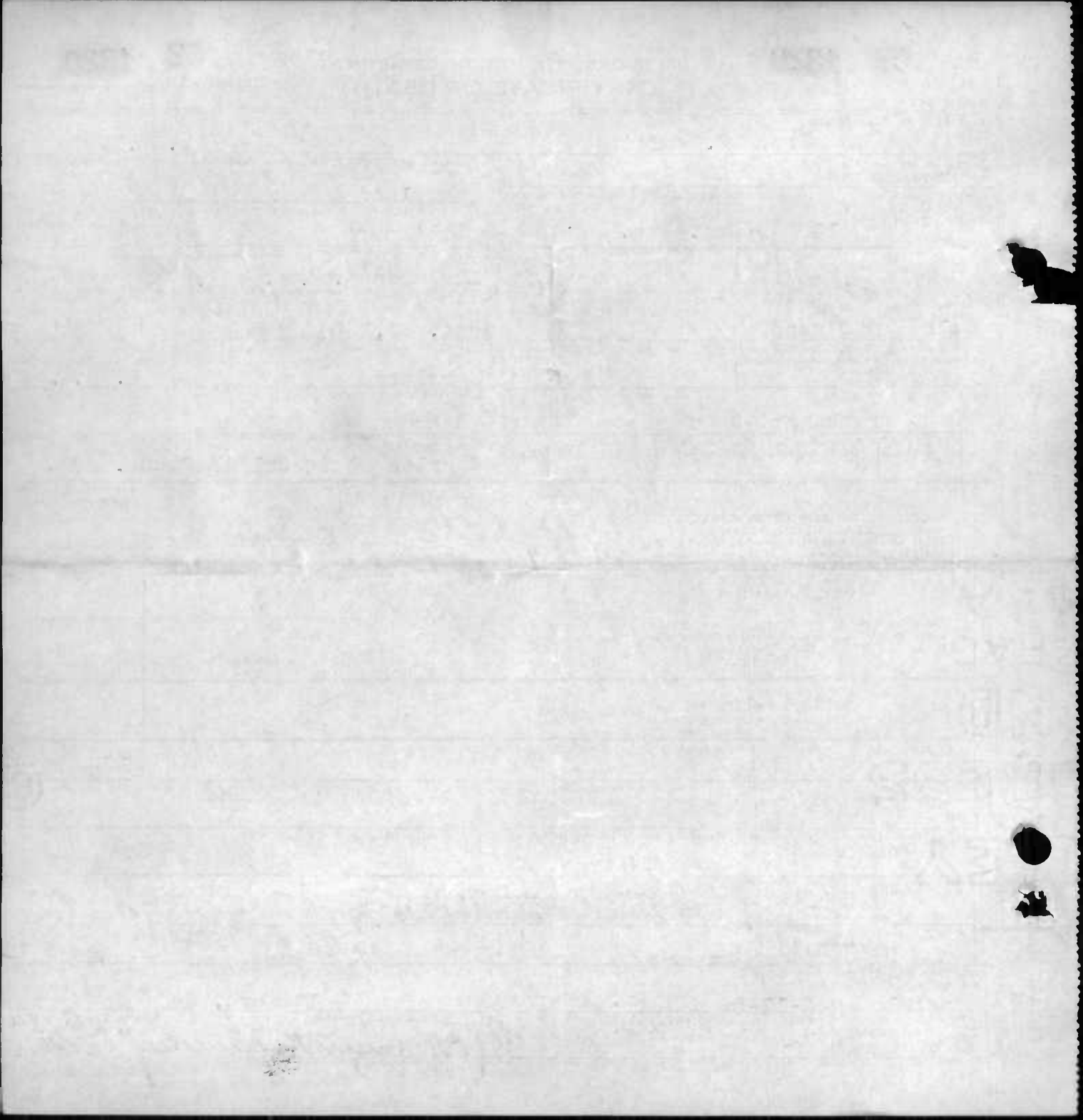
July

1880

1880

James M. Smith
1880

James M. Smith



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

52 1321

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Maggie Pisani (MARGARET A. PISANI)

2. DATE
OF
DEATH

2-10-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland 6420 Reisterstown Rd.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

17 The Seton Institute

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 17

D. STREET ADDRESS (If rural, give location)

2129 IV. Fulton Ave.

C. Length of stay in Baltimore

14 days

5. SEX

F

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widow

8. DATE OF BIRTH

July 16, 1870

9. AGE (In years, last birthday)

81

10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Walter Scott Barney

14. MOTHER'S MAIDEN NAME

Mary (family name unknown)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

-

16. SOCIAL SECURITY NO.

-

17. INFORMANT ADDRESS

The Seton Institute 6420 Reisterstown Rd, Balto.

18.

420.1
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

Hypostatic pneumonia

INTERVAL BETWEEN ONSET AND DEATH

4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Heart failure

3 weeks

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Chronic myocarditis
General + coronary arteriosclerosis

6 years

10 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from I/26, 1952 to Feb. 10, 1952 that I last saw the deceased alive on Feb. 4, 1952 and that death occurred at 2:52 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Walter D. Johnson

23B. ADDRESS

3703 Davis Lane Baltimore 1/10/52

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/13/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR

FEB 11 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Lickner & Sons

ADDRESS

VS 150

1520001320

937

1934

34

DEPARTMENT OF AGRICULTURE
BUREAU OF ENTOMOLOGY

1934

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[The remainder of the page contains faint, illegible text and horizontal lines, suggesting a form or ledger.]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

K-52052 1322

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 1322

Registered No. _____

BIRTH NO. _____			1. NAME OF DECEASED (Type or Print) CAROLINE M. KNEAS			2. DATE OF DEATH Feb. 9, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY _____			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION 3416 Harford Rd.			D. STREET ADDRESS (If rural, give location) 3416 Harford Rd.					
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			5. SEX female			6. COLOR OR RACE white		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed			8. DATE OF BIRTH Dec. 29, 1870			9. AGE (In years last birthday) 81		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) never worked			10B. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) Maryland		
13. FATHER'S NAME James McGriffin			14. MOTHER'S MAIDEN NAME Caroline May			12. CITIZEN OF WHAT COUNTRY? _____		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no			16. SOCIAL SECURITY NO. _____			17. INFORMANT ADDRESS Mr. H. Milton Kneas -3416 Harford Rd.		
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 420.1 I Coronary Thrombosis DUE TO _____			CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH 2 weeks		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerotic Cardio Vascular Disease DUE TO _____						3 Jan 1950		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR? _____		
22. I hereby certify that I attended the deceased from 3 Jan , 1952, to 9 Feb , 1952, that I last saw the deceased alive on 9 Feb , 1952, and that death occurred at 12:45 a.m. , from the causes and on the date stated above.								
23A. SIGNATURE Oliver W. Edwards			23B. ADDRESS 2746 The Alameda			23C. DATE SIGNED 9 Feb 52		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial			24B. DATE 2/11/52			24C. NAME OF CEMETERY OR CREMATORY Druid Ridge Cem.		
24D. LOCATION (City, town, or county) (State) Pikesville, Md.			25. FUNERAL DIRECTOR Wm. J. Tichner & Sons			ADDRESS Balto 17, Md.		
DATE RECEIVED BY LOCAL REGISTRAR FEB 11 1952			REGISTRAR'S SIGNATURE Huntington Williams, M.D.			VS 150		

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1323

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ALICE MAUDE BEST

2. DATE
OF
DEATH

2-8-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

Maine

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Union Memorial Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

South Bristol

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Unknown

5. SEX

F

6. COLOR OR RACE

W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

8-14-72

9. AGE (In years last birthday)

79

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Graduate Nurse

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

New York

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Perry Best

14. MOTHER'S MAIDEN NAME

Susanne Robinson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Miss F. Grace Best - 101 W. Monument St.

18.

493X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Pneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerotic Heart disease

19A. DATE OF OPERATION

0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-8-52, to 2-8-52, 1952, that I last saw the deceased alive on 2-8-52, 1952, and that death occurred at 8:05 P. M., from the causes and on the date stated above.

23A. SIGNATURE

William A. Anderson

23B. ADDRESS

Union Memorial Hosp.

23C. DATE SIGNED

2-8-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

2/13/52

24C. NAME OF CEMETERY OR CREMATORY

Forest Hill Cem.

24D. LOCATION (City, town, or county)

Utica, N. Y.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

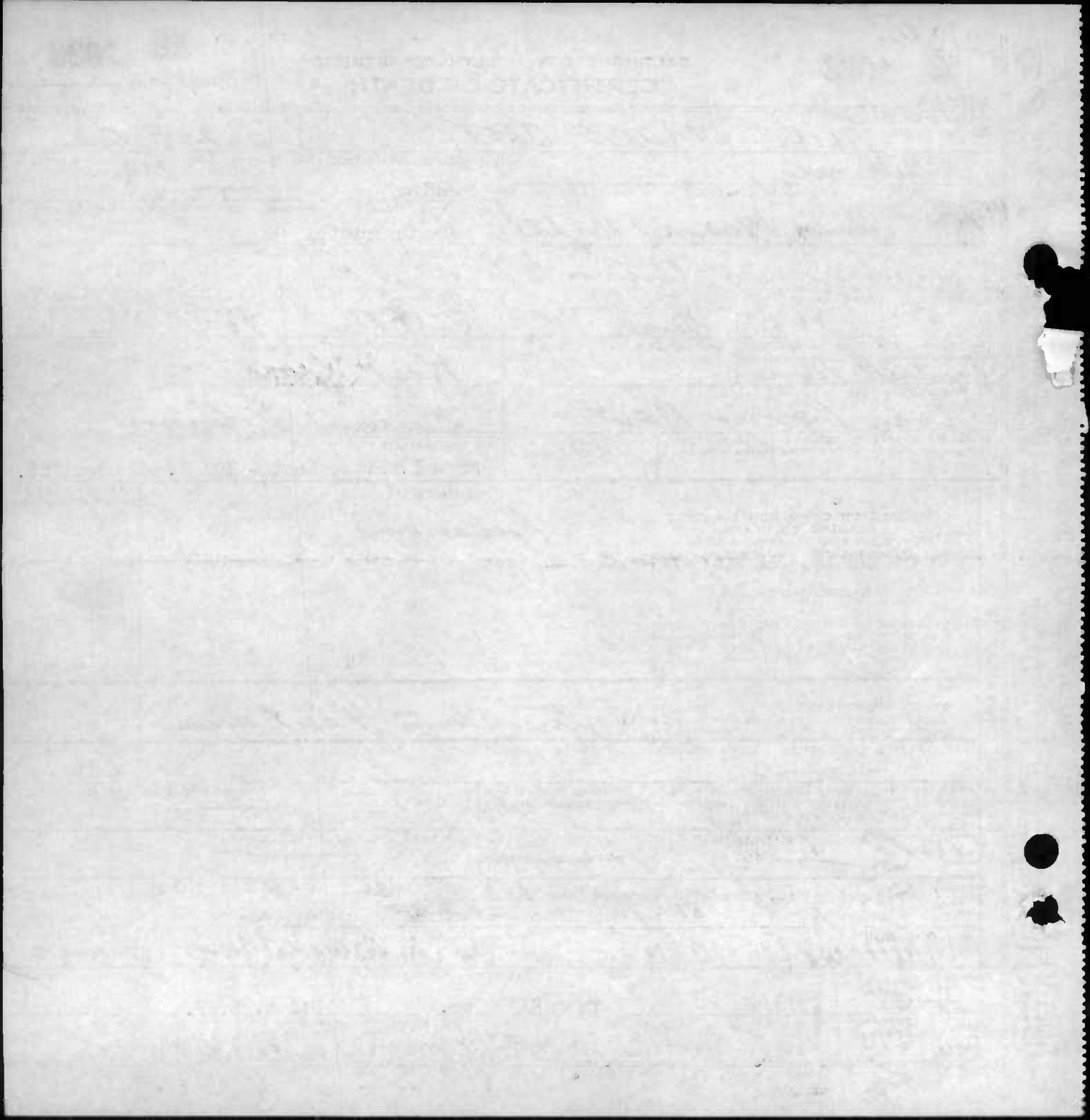
J. Lickner & Sons

ADDRESS

FEB 11 1952

VS 150

1 4 5 2 0 0 0 1 3 2 2 937 Balto 17 Md.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 1324

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Ernest W. HAMANN*2. DATE
OF
DEATH*2/9/52*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)*37**Mercy Hosp.*

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

*Klausmeyer Rd.**5300*

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

*W*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*wid.*

8. DATE OF BIRTH

*May 16 1899*9. AGE (In years
last birthday)*62*If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Housewife*10B. KIND OF BUSINESS OR
INDUSTRY*at Home*

11. BIRTHPLACE (State or foreign country)

*Md.*12. CITIZEN OF
WHAT COUNTRY?*USA*

13. FATHER'S NAME

Marmaduke G. White

14. MOTHER'S MAIDEN NAME

*Nannie Rollins*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)*no*16. SOCIAL
SECURITY NO.*none*

17. INFORMANT

ADDRESS

Mr. M. H. White 1134 Poplar Grove St.

18.

587.0
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

Acute Pancreatic

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH*3 days*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *2/7*, 19*52*, to *2/9/52*, 19*52*, that I last saw the
deceased alive on *4:30 A.M.*, 19*52*, and that death occurred at *4:30 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE

R R Berills

M. D.

23B. ADDRESS

Mercy Hosp.

23C. DATE SIGNED

*2/8*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)*Burial*

24B. DATE

2/12/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county) (State)

*Balto., Md.*DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

*Thos J. Sweeney & Sons
128 Balto 17, Md.*

FEB 11 1952

VS 150

STATE OF CALIFORNIA

INVESTIGATION OF DEATH

STATE OF CALIFORNIA

INVESTIGATION OF DEATH

STATE OF CALIFORNIA

INVESTIGATION OF DEATH

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STATE OF CALIFORNIA

INVESTIGATION OF DEATH

STATE OF CALIFORNIA

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 1325

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SADIE LOUISE CARTER

2. DATE
OF
DEATH

Feb. 9, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3516 Manchester Ave.

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

3516 Manchester Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Sept. 14, 1883

9. AGE (In years
last birthday)

68

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles C. Huber

14. MOTHER'S MAIDEN NAME

Elizabeth DeBus

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

ADDRESS

Mr. Stewart Carter-3516 Manchester Ave.

18.

420.1

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

CAUSE OF DEATH

Coronary Thrombosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Atherosclerotic Cardiovascular
Disease

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

1 week

10 year

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐NOT WHILE ☐

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/2/45, 19__, to 2/9/52, 19__, that I last saw the
deceased alive on 2/9/52, 1952, and that death occurred at 6 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/12/52

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cem.

24D. LOCATION (City, town, or county) (State)

Woodlawn, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

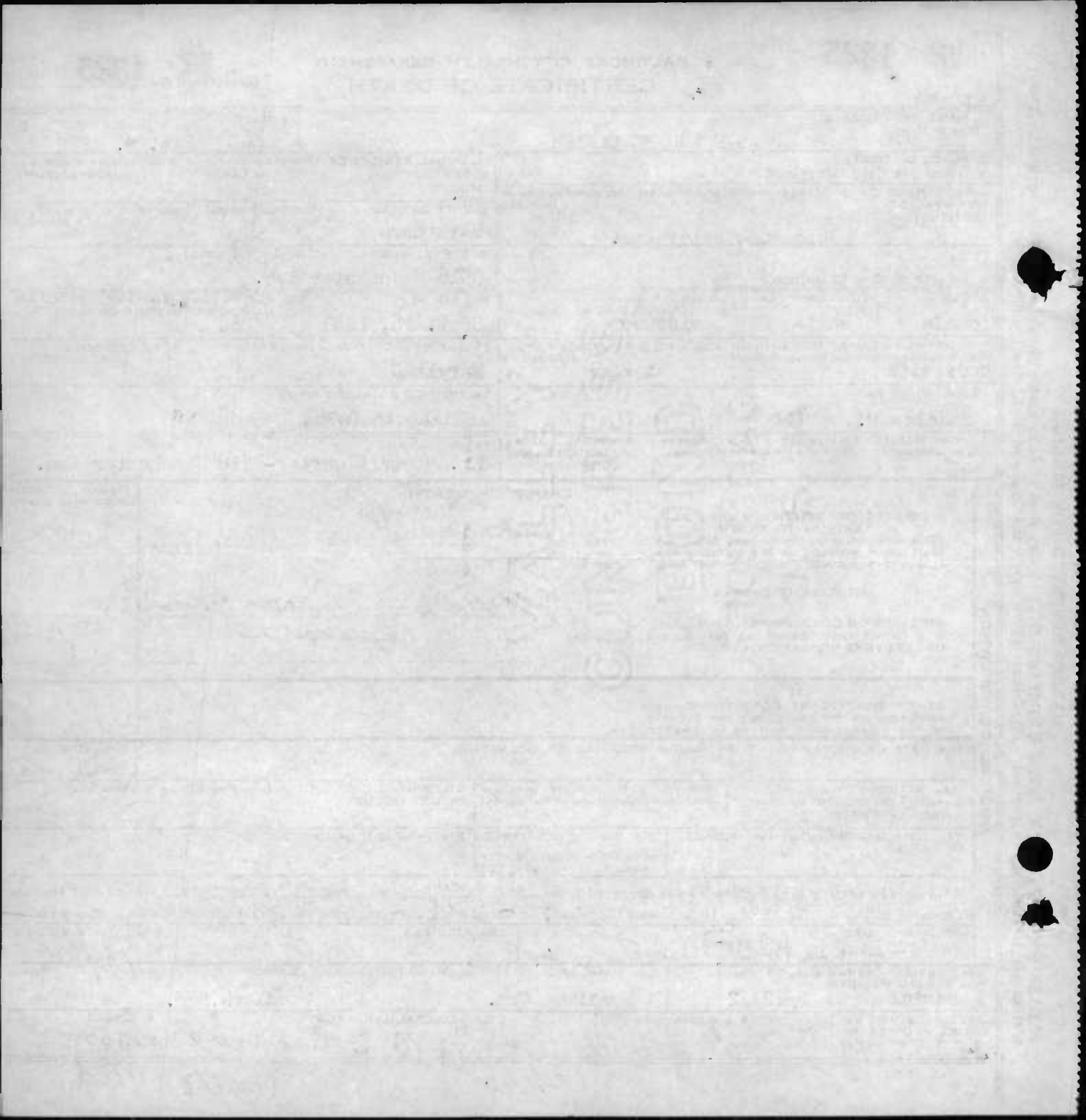
ADDRESS

FEB 11 1952

Huntington Williams-M.D.

2600 E. Vickers & Sons

Baltimore Md 937



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

HARRY B. GORMLEY

2. DATE
OF
DEATH Feb. 8, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2008 Belair Road

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2008 Belair Road

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

January 1, 1882

9. AGE (in years,
last birthday)

70

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Carpenter & Painter

10B. KIND OF BUSINESS OR
INDUSTRY

Retired

11. BIRTHPLACE (State or foreign country)

Carroll Co. Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Matthew Gormley

14. MOTHER'S MAIDEN NAME

Rachael Shipley

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.
218-05-4291A

17. INFORMANT

Harry C. Gormley

ADDRESS

415 Croydon Road

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

Coronary Thrombosis

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Atherosclerotic Cardiovascular Disease

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/27, 1943, to 2/7, 1952, that I last saw the
deceased alive on 2/7, 1952 and that death occurred at 8 p. m., from the causes and on the date stated above.

23A. SIGNATURE

A. H. H. H.

23B. ADDRESS

1937 E. North Ave.

23C. DATE SIGNED

2/9/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 11, 1952

24C. NAME OF CEMETERY OR CREMATORY

Western

24D. LOCATION (City, town, or county)

Baltimore

(State)

Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D. 1217 St. Paul Street

25. FUNERAL DIRECTOR

ADDRESS

FEB 11 1952

VS 150

51024

933

REPUBLIC OF THE PHILIPPINES
BUREAU OF LAND MANAGEMENT

January 1, 1964

TO: THE SECRETARY
OF LAND MANAGEMENT

FROM: THE SECRETARY
OF LAND MANAGEMENT

SUBJECT: [Illegible]

[Illegible handwritten text]

[Illegible typed text]

[Illegible typed text]

[Illegible typed text]

[Illegible typed text]

[Illegible typed text]

[Illegible typed text]

[Illegible typed text]

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[Illegible typed text]

[Illegible typed text]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1327
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN E. HAND

2. DATE
OF
DEATH

February 10/52

3. PLACE OF DEATH:

Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Maryland General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1009 Riverside Ave; #30

c. Length of stay in Baltimore

Like 28 yrs

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Business man

10B. KIND OF BUSINESS OR INDUSTRY

Cement Products

13. FATHER'S NAME

David Hand

8. DATE OF BIRTH

Sept; 29/1899 52

9. AGE (In years birthday)

52

11 Under 1 Year Months Days

11 Under 24 Hours Hours Min.

11. BIRTHPLACE (State foreign country)

Virginia

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Tillery (Alice E)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

no

(If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Grace L. Hand 1009 Riverside Ave

18.

162X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) squamous cell bronchial carcinoma of the left lung

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

2/7/52

19B. MAJOR FINDINGS OF OPERATION

Bronchogenic carcinoma of the left lung

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

M. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 2/3/1952 to 2/10/1952 that I last saw the deceased alive on 2/10/1952, and that death occurred at 12:55 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Lakshmi Bhatnagar

M.D.

23B. ADDRESS

Maryland General Hospital

23C. DATE SIGNED

2/10/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 13, 1952

24C. NAME OF CEMETERY OR CREMATORY

Glen Haven

24D. LOCATION (City, town, or county)

A. A. Co

(State)

DATE RECEIVED BY LOCAL REGISTRAR

FEB. 11 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

1400 S Charles

1981

1981

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

PLANT INDUSTRY



4152 1328

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1328

Registered No.

BIRTH NO.		2. DATE OF DEATH	
1. NAME OF DECEASED (Type or Print) CLARENCE HALFPENNY		2-9-52	
3. PLACE OF DEATH: a. Baltimore City, Maryland S. Balt. Gen		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Chc b. COUNTY	
b. FULL NAME OF (If not in hospital or institution, give street address or location) SO. BALT. GEN.		c. CITY OR TOWN (If outside corporate limits, write FULL and give township) Balto 20-06	
c. Length of stay in Baltimore Life Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) 3201 Massachusetts Ave	
5. SEX male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 28, 1915
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Busch Norm Windows Balto	9. AGE (in years last birthday) 36
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY? US	
13. FATHER'S NAME Samuel S. Halfpenny		14. MOTHER'S MAIDEN NAME Anna Morgan	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or date of service) yes 2 World War		16. SOCIAL SECURITY NO.	
17. INFORMANT See Halfpenny		ADDRESS 3570 Dudley Ave	
18. 420-1 CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Sclerosis			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an _____ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23a. SIGNATURE R. S. Fisher M.D.		23b. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	
23c. DATE SIGNED 2-10-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 13, 1952	24c. NAME OF CEMETERY OR CREMATORY Balto National	24d. LOCATION (City, town, or county) (State) Balto City Md
DATE RECEIVED BY LOCAL REGISTRAR FEB 11 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR W. G. Leonard, 400 S. Charles St ADDRESS	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1329

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ROBERT ADAMS

2. DATE
OF
DEATH

February 8, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Baltimore City Morgue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1574 Richland Street

5. SEX

Male

6. COLOR OR RACE
Colored7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Divorced

8. DATE OF BIRTH

March 9, 1911

9. AGE (In years
last birthday)

40

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
Floor Sander10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Dallas, Texas

12. CITIZEN OF
WHAT COUNTRY?
U. S. A.

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
yes W.W.#216. SOCIAL
SECURITY NO.
?

17. INFORMANT

ADDRESS

Ethel Tabbs 1574 Richland St.

18.

490x
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Lobar Pneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. B. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
2/8/5224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/11/52

24C. NAME OF CEMETERY OR CREMATORY

Balto. National

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Geo. G. Nelson 1303 Presstman St., 108

VS 151

69024 Geo. G. Nelson

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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530 1330

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1330

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

RICHARD SMITH

2. DATE
OF
DEATH

2-9-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

MD.

BALTIMORE

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

UNIV. OF MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

516 E. 21st St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

B

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

May 5, 1906

9. AGE (In years
last birthday)

45

If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

LABORER

10B. KIND OF BUSINESS OR
INDUSTRY

—

11. BIRTHPLACE (State or foreign country)

S.C.

12. CITIZEN OF
WHAT COUNTRY?

USA.

13. FATHER'S NAME

ISAAC SMITH

14. MOTHER'S MAIDEN NAME

LOUISE ENGLISH S.C.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

UNKNOWN

16. SOCIAL
SECURITY NO.

?

17. INFORMANT

PATIENT

ADDRESS

18.

591X
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)CAUSE OF DEATH
A) LOWER NEPHRON NEPHROSIS
B) ESSENTIAL HYPERTENSION,
DUE TO MALIGNANT PHASE.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.C) BILATERAL TOTAL ADRENALECTOMY 20 hrs
4 hrsINTERVAL BETWEEN
ONSET AND DEATH11
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

NONE

19A. DATE OF OPERATION

2-8-52

19B. MAJOR FINDINGS OF OPERATION

NONE

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

NONE

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

NO

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

NONE

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

NONE

21E. INJURY OCCURRED

WHILE AT ☐ NO WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

NONE

22. I hereby certify that I attended the deceased from 12-31 1951, to 2-9- 1952 that I last saw the
deceased alive on 2-9- 1952 and that death occurred at 5:00 A.m., from the causes and on the date stated above.

23A. SIGNATURE

J. J. Borga

M. D.

23B. ADDRESS

Huntington Williams, M.D.

23C. DATE SIGNED

2-8-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/11/1952

24C. NAME OF CEMETERY OR CREMATORY

Mt Zion Cem.

24D. LOCATION (City, town, or county)

Balto. Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Mrs. Kate R. Williams

ADDRESS

322 N. Schuman St.

1930

1930

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CERTIFICATE OF DEATH

Page 1 of 1

1. Name of Deceased		2. Sex		3. Race		4. Date of Birth		5. Date of Death	
6. Place of Birth		7. Usual Residence		8. Cause of Death		9. Manner of Death		10. Signature of Physician	
11. Signature of Registrar		12. Signature of Informant		13. Signature of Medical Examiner		14. Signature of Coroner		15. Signature of Jury	
16. Signature of Burial Officer		17. Signature of Funeral Home		18. Signature of Cemetery		19. Signature of Undertaker		20. Signature of Burial	
21. Signature of Interment		22. Signature of Burial		23. Signature of Burial		24. Signature of Burial		25. Signature of Burial	
26. Signature of Burial		27. Signature of Burial		28. Signature of Burial		29. Signature of Burial		30. Signature of Burial	
31. Signature of Burial		32. Signature of Burial		33. Signature of Burial		34. Signature of Burial		35. Signature of Burial	
36. Signature of Burial		37. Signature of Burial		38. Signature of Burial		39. Signature of Burial		40. Signature of Burial	
41. Signature of Burial		42. Signature of Burial		43. Signature of Burial		44. Signature of Burial		45. Signature of Burial	
46. Signature of Burial		47. Signature of Burial		48. Signature of Burial		49. Signature of Burial		50. Signature of Burial	
51. Signature of Burial		52. Signature of Burial		53. Signature of Burial		54. Signature of Burial		55. Signature of Burial	
56. Signature of Burial		57. Signature of Burial		58. Signature of Burial		59. Signature of Burial		60. Signature of Burial	
61. Signature of Burial		62. Signature of Burial		63. Signature of Burial		64. Signature of Burial		65. Signature of Burial	
66. Signature of Burial		67. Signature of Burial		68. Signature of Burial		69. Signature of Burial		70. Signature of Burial	
71. Signature of Burial		72. Signature of Burial		73. Signature of Burial		74. Signature of Burial		75. Signature of Burial	
76. Signature of Burial		77. Signature of Burial		78. Signature of Burial		79. Signature of Burial		80. Signature of Burial	
81. Signature of Burial		82. Signature of Burial		83. Signature of Burial		84. Signature of Burial		85. Signature of Burial	
86. Signature of Burial		87. Signature of Burial		88. Signature of Burial		89. Signature of Burial		90. Signature of Burial	
91. Signature of Burial		92. Signature of Burial		93. Signature of Burial		94. Signature of Burial		95. Signature of Burial	
96. Signature of Burial		97. Signature of Burial		98. Signature of Burial		99. Signature of Burial		100. Signature of Burial	

53952 1331

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1331
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

RODELL

SMITH

2. DATE
OF
DEATH

February 7, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

713 Allegheny Place

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

713 Allegheny Place

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Mar. 23, 1896

9. AGE (In years

last birthday)

54

10. Under 1 Year

Months

Days

11. Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Janitor

10B. KIND OF BUSINESS OR INDUSTRY

Appt. House

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF

WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Alexander

Smith

14. MOTHER'S MAIDEN NAME

Laura Stewart

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

Yes.

I

16. SOCIAL SECURITY NO.

213-12-P921

17. INFORMANT

Mrs. Bertha Station

ADDRESS 2354

McCulloch St.

18.

443 X I

CAUSE OF DEATH

INTERVAL BETWEEN

ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive cardiovascular disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID

INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William H. [Signature]

23B. CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

M.D. MEDICAL INVESTIGATOR

23C. DATE SIGNED

Feb. 7, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 13, 1952

24C. NAME OF CEMETERY OR CREMATORY

Bald. Nat'l. Cem.

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 11 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Hulland Funeral Home

ADDRESS

3180 Druid Hill Ave.

VS 151

77074

937

✓

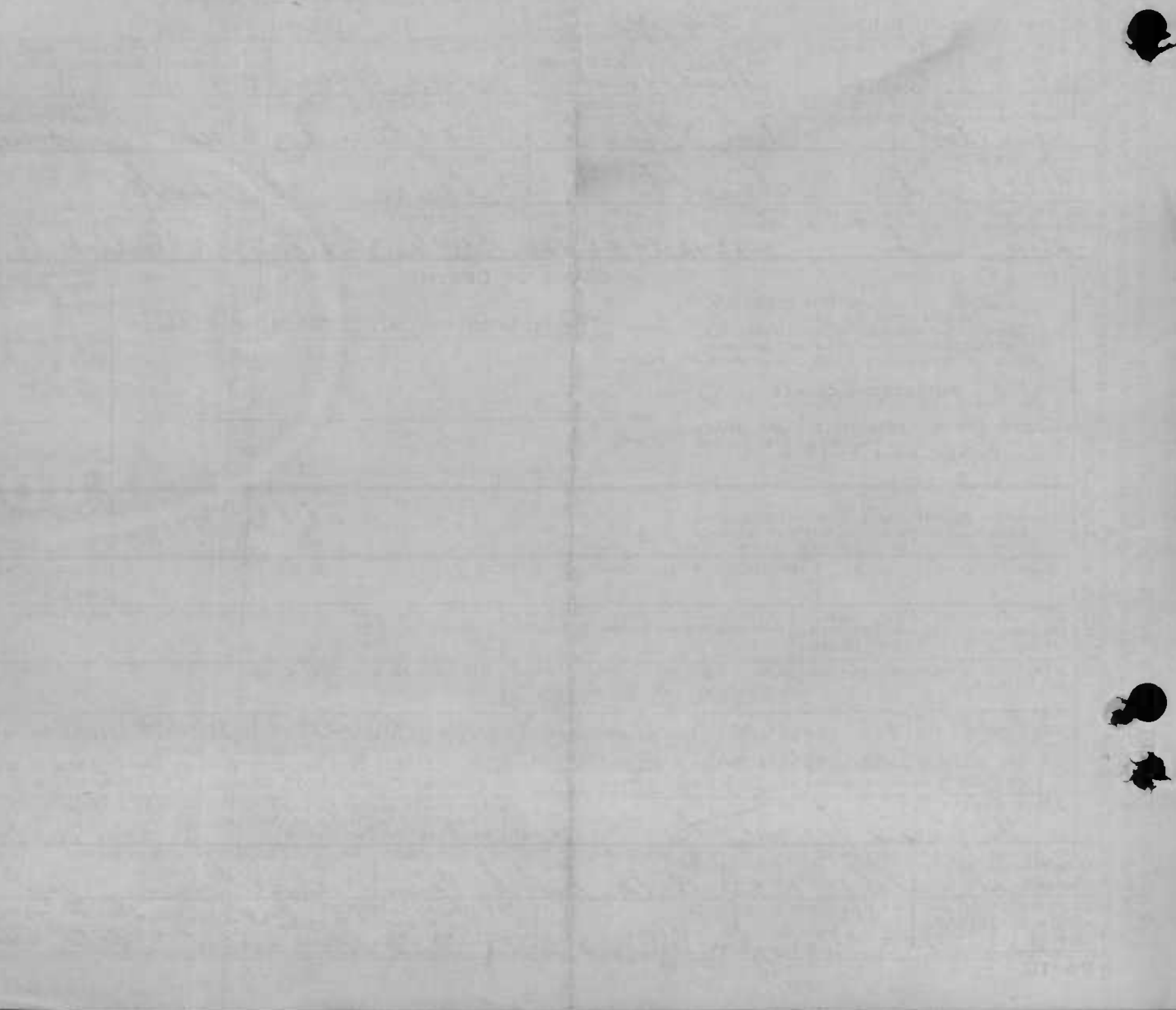
1881

1881

1881

1881

CENTRAL BANK OF CANADA



M-460 1332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1332

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) **ELIZABETH LYDIA MILLER**

2. DATE OF DEATH **2-9-52**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **MARYLAND** B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION
44 UNION MEMORIAL HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTIMORE

C. Length of stay in Baltimore **Life**

D. STREET ADDRESS (If rural, give location)
1222 Union Ave

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years, last birthday)

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

WILLIAM SAMUEL FULFMAN

MARY JANE FRANK

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Ruby C. Miller 4517 Rokeby Road

18. **E 903.01**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **PULMONARY EMBOLISM**

2 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Thrombophlebitis**

(C) **Fracture of Hip**

CERTIFICATION APPROVED BY

R. Fisher

3 wks

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

ARTERIOSCLEROTIC HEART DISEASE

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

1/19/52 12pm

home

fell to floor.

22. I hereby certify that I attended the deceased from **JAN. 19**, 19**52**, to **Feb. 9**, 19**52**, that I last saw the deceased alive on **FEB. 9**, 19**52**, and that death occurred at **9:45 P.** m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Charles H. Brown

M. D.

Union Mem. Hosp

2-9-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

Feb. 12-1952

Druid Ridge

Pikesville, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 11 1952

Huntington Williams, M.D.

Burque Funeral Home 3651 Falls Road

VS 150

N-820.1

1520001

Theresa F. Burgee

186a

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

1900

1901

1902

1903

1904

1905

1906

1907

1908

1909

1910

1911

1912

1913

1914

1915

1916

1917

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1333

BIRTH NO. 52 1333 21-22623

1. NAME OF DECEASED (Type or Print) KEVENS SHURON		2. DATE OF DEATH February 7, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland	
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, write Unit and township) Baltimore	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 709 Dover Street	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Sept 30 1951
9. AGE (in years last birthday) 4		10. CITIZEN OF WHAT COUNTRY? USA	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY None	
11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Thomas M. Shuron		14. MOTHER'S MAIDEN NAME Peggy C. Shuron	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Peggy C. Shuron		ADDRESS 709 Dover St	

18. 391.2 and E921.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Asphyxiation DUE TO Aspiration of Vomitus DUE TO Otitis media, right		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> m. WORK AT WORK	21F. HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .		
23A. SIGNATURE B. Fisher	23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED 2/8/52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 2/11/1952	24C. NAME OF CEMETERY OR CREMATORY Mt Calvery Cem.
24D. LOCATION (City, town, or county) (State) Brooklyn Md.		

DATE RECEIVED BY LOCAL REGISTRAR FEB 11 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Choy, Wilson 1120 Brantly	ADDRESS 89a ave
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N-933.4

8831

22

ATLANTA, GA. 11/12/1913

1913

22



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 1334**

BIRTH NO. **450**

1. NAME OF DECEASED
(Type or Print) **Elizabeth Flynn**

2. DATE OF DEATH **Feb. 11, 1952**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **md** B. COUNTY **Baltimore**

B. FULL NAME OF HOSPITAL OR INSTITUTION **Univ. Hosp.**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) **Baltimore**

c. Length of stay in Baltimore **Life**

D. STREET ADDRESS (If rural, give location) **2211 Taylor St. 5300**

5. SEX **F**

6. COLOR OR RACE **W**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **M**

8. DATE OF BIRTH **Aug 11, 1895**

9. AGE (In years last birthday) **57**

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Nurse Made**

10B. KIND OF BUSINESS OR INDUSTRY **Home**

11. BIRTHPLACE (State or foreign country) **BALTO. Md**

12. CITIZEN OF WHAT COUNTRY? **USA**

13. FATHER'S NAME

Michael A. FLYNN

14. MOTHER'S MAIDEN NAME

Elizabeth Coughlin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) **No**

16. SOCIAL SECURITY NO. **NONE**

17. INFORMANT

ADDRESS

Mrs Geo S. Lanphere 1608 NMT Royal Ave.

18.

592X
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) **nephrotic stage of glomerulonephritis 1 yr.**

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Pleural effusion, congestive failure

19A. DATE OF OPERATION **0**

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Dec 3**, 1951, to **Feb 11**, 1952, that I last saw the deceased alive on **Feb 11**, 1952, and that death occurred at **5:00 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE

Robert A. Moore, Jr.

23B. ADDRESS

University Hosp

23C. DATE SIGNED

Feb 11, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

2/13/52

24C. NAME OF CEMETERY OR CREMATORY

CAT Federal

24D. LOCATION (City, town, or county)

BALTO Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

FEB 11 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

CHAS F EVANS & SON

ADDRESS

VS 150

10520001 318 NMT ROYAL AVE 121B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 1335**BIRTH NO. **52 1335**

1. NAME OF DECEASED (Type or Print) HERMAN REINIG			2. DATE OF DEATH Feb. 9, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 438 N. Robinson Street			E. LENGTH OF STAY IN BALTIMORE life		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb. 10, 1899		9. AGE (In years last birthday) 52
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber			10B. KIND OF BUSINESS OR INDUSTRY W. L. Ferguson		11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13. FATHER'S NAME Henry Reinig		
14. MOTHER'S MAIDEN NAME Mary Butta			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknowns) no		
16. SOCIAL SECURITY NO. 215-10-2962			17. INFORMANT ADDRESS Margie M. Reinig, wife, above		

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease	INTERVAL BETWEEN ONSET AND DEATH
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CAUSE OF DEATH	
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION Feb. 12, 1952	19B. MAJOR FINDINGS OF OPERATION Baltimore Cemetery	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		
23A. SIGNATURE B. J. Fisher	23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>	23C. DATE SIGNED Feb. 9, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Feb. 12, 1952	24C. NAME OF CEMETERY OR CREMATORY Baltimore Cemetery	24D. LOCATION (City, town, or county) (State) 4430 Belair Rd. Balto. Md.
DATE RECEIVED BY LOCAL REGISTRAR FEB 11 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.	

VS 151

740FF

937 ✓

8501 52

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101-101-101-101

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 1336**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**EMIL V. CESKY**2. DATE
OF
DEATH**Feb. 9, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland **446 N. Linwood Ave.**B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE**Md.**

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

446 N. Linwood Ave.

c. Length of stay in Baltimore

lifeYrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

B. DATE OF BIRTH

Jan 3, 19019. AGE (In years
last birthday)**51**If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**own business**10B. KIND OF BUSINESS OR
INDUSTRY
confectionery

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Oscar Cesky

14. MOTHER'S MAIDEN NAME

Marie Matousek15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)**no**16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Elsie Cesky, wife, above

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

CAUSE OF DEATH

**cachexia, metastatic carcin -
oma.****adeno-carcinoma of
ascending colon**INTERVAL BETWEEN
ONSET AND DEATH**2 wks.****8 wks.**II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **April**, 19**51**, to **Feb 9**, 19**52**, that I last saw the
deceased alive on **Feb 9**, 19**52**, and that death occurred at **6:30 P** m., from the causes and on the date stated above.

23A. SIGNATURE

L. C. Bohlen

M. D.

23B. ADDRESS

4474 Kenwood Ave.

23C. DATE SIGNED

2/11/5224A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

24B. DATE

Feb. 13, 1952

24C. NAME OF CEMETERY OR CREMATORY

Oak Hill Cemetery

24D. LOCATION (City, town, or county)

Horner's Lane, Baltimore, Md.DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

**Schimunek Funeral Home, Inc.
2601-3-5 E. Madison St.**

VS 150

29084335

46E

1940

CERTIFICATE OF DEATH

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

AGE OF DECEASED

SEX

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF DEATH

IMMEDIATE CAUSE

UNDERLYING CAUSE

DECEASED'S RESIDENCE

DECEASED'S OCCUPATION

DECEASED'S MARITAL STATUS

SEX

DATE OF DEATH

AGE

PLACE OF DEATH

CAUSE OF DEATH

IMMEDIATE CAUSE

UNDERLYING CAUSE

DECEASED'S RESIDENCE

DECEASED'S OCCUPATION

DECEASED'S MARITAL STATUS

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

IMMEDIATE CAUSE

UNDERLYING CAUSE

DECEASED'S RESIDENCE

DECEASED'S OCCUPATION

DECEASED'S MARITAL STATUS

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

IMMEDIATE CAUSE

UNDERLYING CAUSE

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 1337

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Jerome W. Marshall (MARSHALEK)

2. DATE
OF
DEATH

Feb. 10, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Acct Room

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

811 Madison St

c. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Die Setter

10B. KIND OF BUSINESS OR
INDUSTRY

Rheems Inc.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

STEEL PROD. (A)

14. MOTHER'S MAIDEN NAME

Elizabeth Fulkner

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

CAUSE OF DEATH

Gastric Hemorrhage About 2 hours
Probable Gastric Ulcer ?INTERVAL BETWEEN
ONSET, AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Intestinal Grippe

Feb 5 to 10
1952

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from 2/5/52, 1952, to 2/10, 1952, that I last saw the
deceased alive on 2/9, 1952, and that death occurred at 9:15 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Joseph Pokorny

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL
2200 E. Madison St

23C. DATE SIGNED

2/11/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 13, 1952

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem.

24D. LOCATION (City, town, or county)

4430 Belair Road, Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Schimunek Funeral Home, Inc.
2601-3-5 E. Madison St.

FEB 11 1952

VS 150

1952-5923D

117a

1937
Baltimore City Health Department
CERTIFICATE OF DEATH
(RECEIVED)
FILED CASE
R. J. [Signature]
CHIEF CRIMINAL MEDICAL EXAMINER

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1338

BIRTH NO. 52 1338

1. NAME OF DECEASED (Type or Print) <i>Walter Petty</i>			2. DATE OF DEATH <i>February 7, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY <i>12-05</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>JOHN HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
c. Length of stay in Baltimore <i>32 yrs</i>			D. STREET ADDRESS (If rural, give location) <i>306 E. Lafayette Ave.</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>12-7-96</i>		9. AGE (In years last birthday) <i>55</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Millwright</i>			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>S. C.</i>
13. FATHER'S NAME <i>Felix Petty</i>			14. MOTHER'S MAIDEN NAME <i>Fannie Reid</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>?</i>		16. SOCIAL SECURITY NO. <i>?</i>		17. INFORMANT <i>JOHN HOPKINS HOSPITAL</i> ADDRESS	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>540.0</i>	CAUSE OF DEATH (A) <i>Pulmonary embolism</i> DUE TO (B) <i>Peptic ulcer</i> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH <i>immediate</i> <i>3 months</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>2-7-52</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>12-16, 1951</i> , to <i>2-7, 1952</i> that I last saw the deceased alive on <i>2-7, 1952</i> , and that death occurred at <i>8 P.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>W. J. Langford</i>		23B. ADDRESS <i>JOHN HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>2-8-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Funeral</i>		24B. DATE <i>12/12/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Arbutus Memorial Bldg Co</i>	
24D. LOCATION (City, town, or county) (State) <i>Ind</i>		25. FUNERAL DIRECTOR <i>Huntington Williams</i>		ADDRESS <i>217 E. Preston St</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 11 1952</i>		VS 150			

8801 55

STATE OF TEXAS
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

[Faint, mostly illegible handwritten text follows, likely containing personal and medical details.]

Witness my hand and seal of office
this 1st day of January, 1955
at the City of Houston, State of Texas

Registrar

Witness my hand and seal of office
this 1st day of January, 1955
at the City of Houston, State of Texas

County Clerk

9-8-5

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1339

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ORAL WOOD

2. DATE
OF
DEATH

2-10-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

42 Sinai Hospital

C. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED WIDOWED

8. DATE OF BIRTH

9/27/1911

9. AGE (in years
last birthday)

40

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

AT HOME

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

JAMES M. LONG

14. MOTHER'S MAIDEN NAME

MARIE HELGRIN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT

ADDRESS

MRS. HARRY HORTON 1766 HOMESTEAD ST.

18.

757.1
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(A)

DUE TO

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-15, 1952 to 2-10, 1952, that I last saw the
deceased alive on 2-10, 1952, and that death occurred at 3:40 A.M., from the causes and on the date stated above.

23A. SIGNATURE

D. M. Alwamy

M. O.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

2/13/51

24C. NAME OF CEMETERY OR CREMATORY

HOLY REDEEMER

24D. LOCATION (City, town, or county)

BALTO.

(State)

MD.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 11 1952

Huntington Williams, M.D. CLARENCE F. HOFFMANN 1639 BROADWAY

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52
Registered No. **1340**

BIRTH NO. **1340**

1. NAME OF DECEASED (Type or Print) Magdalena (Margaret) Lisek			2. DATE OF DEATH Feb. 10, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION 629 South Kenwood Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 65 years			D. STREET ADDRESS (If rural, give location) 629 South Kenwood Ave.		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH May 30, 1874		9. AGE (In years last birthday) 77
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Poland		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Lawrence Koscielniak			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (No)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Michael P. Lisek 738 S. Decker Ave.		

18. 155X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Cerebral Thrombosis		CAUSE OF DEATH Cerebral Thrombosis	INTERVAL BETWEEN ONSET AND DEATH 5 yrs
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) DUE TO	
		(B) DUE TO	
		(C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Pernicious Anemia			

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 15, 1951 , to Feb 10, 1952 , that I last saw the deceased alive on Feb 9, 1952 , and that death occurred at 8 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Michael P. Lisek		23B. ADDRESS 738 S. Decker Ave.		23C. DATE SIGNED 2/11/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2-14-1952		24C. NAME OF CEMETERY OR CREMATORY St. Stanislaus	
24D. LOCATION (City, town, or county) (State) Dundalk Ave. Md.		25. FUNERAL DIRECTOR John J. Duda Inc.		ADDRESS 2829 Hudson St.	

VS 150

46F

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1940

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

RECEIVED

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 1341

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)Marie Beresh2. DATE
OF
DEATHFeb. 9 '1952

3. PLACE OF DEATH:

☒ Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Maryland General Hospital

c. Length of stay in Baltimore

34Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

601 South Street #24

5. SEX

F

6. COLOR OR RACE

White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)married

8. DATE OF BIRTH

May 11 '19179. AGE (In years
last birthday)3410. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)Housewife10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland12. CITIZEN OF
WHAT COUNTRY?U.S.A.

13. FATHER'S NAME

Robert G. G. G. G.

14. MOTHER'S MAIDEN NAME

Margaret Mitchell15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

William G. Beresh18. 170x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Carcinoma of breast - metastasis

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 2, 1952 to Feb 9, 1952 that I last saw the
deceased alive on Feb 9, 1952, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Ge-jui Liu

M. D.

23B. ADDRESS

Md. General Hospital

23C. DATE SIGNED

Feb. 9 '195224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Feb 11 1952Huntington Williams, M.D.2829 Hudson St

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52 1342

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1342
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MARGARETTA H. SCHROETTER		2. DATE OF DEATH 2/9/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland 2107 DENNIS ST		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY 15-47	
B. FULL NAME OF HOSPITAL OR INSTITUTION CRANFORD RECREAT HOME		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto	
C. Length of stay in Baltimore 64 YRS		D. STREET ADDRESS (If rural, give location) 2107 Dennis St	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Feb 15 1869
10A. USUAL OCCUPATION (Give kind of work done during most of working life, if retired) None		9. AGE in years last birthday 82 11	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Germany	
13. FATHER'S NAME Wm Koercher		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME Not Known	
16. SOCIAL SECURITY NO.		17. INFORMANT Wm B. Miller 839 Lyndhurst H	

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) Myocarditis DUE TO	INTERVAL BETWEEN ONSET AND DEATH Several weeks
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST	(B) ✓ DUE TO (C) ✓	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Chronic Hypertension		Several years.
19A. DATE OF OPERATION None	19B. MAJOR FINDINGS OF OPERATION ✓	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan. 2, 1952** to **Feb. 9, 1952** that I last saw the deceased alive on **Feb. 9, 1952** and that death occurred at **8:45 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE Frank Y. Gidycz	23B. ADDRESS 2701 N. Calvert St.	23C. DATE SIGNED Feb 11, 52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 2/12/52	24C. NAME OF CEMETERY OR CREMATORY Lorraine
24D. LOCATION (City, town or county) Dickeyville	24E. FUNERAL DIRECTOR Geo. Reimbach	24F. ADDRESS 15-55 Lyndhurst H

DATE RECEIVED BY LOCAL REGISTRAR
FEB 11 1952

VS 150

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5121 85

2/9/75

MARGARET M. HARRIS

12 1861 8-11

Wm. H. HARRIS

Not a member

Wm. H. HARRIS

Not a member

Wm. H. HARRIS

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 1343**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN

GAINES

2. DATE
OF
DEATH

Feb. 9, 1952

3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Johns Hopkins Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1300 E. Lexington Street

c. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

July 4 1917

9. AGE (In years
last birthday)

34

It Under 1 Year
Months: DaysIt Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Ba

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Carrell H. Gaines

14. MOTHER'S MAIDEN NAME

Helen Stearns

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

216-098141

17. INFORMANT

ADDRESS

Helen Gaines Above

18.

322.0 I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Acute alcoholism

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. F. Fisher M.D.

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Feb. 9, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 11 1952

Huntington Williams, M.D. 1515 McHenry St

VS 151

940 55

77c

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 1344**BIRTH NO. **52 1344**

1. NAME OF DECEASED (Type or Print) Margaret A. Reese		2. DATE OF DEATH Feb. 9 - 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 3809 Birchview Ave		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-05	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 3809 Birchview Ave	
5. SEX Female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Feb. 13 - 1876
9. AGE (In years last birthday) 81		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	
10A. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Somerset Co. Md.	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Peter St. Lawrence	
14. MOTHER'S MAIDEN NAME Hester A. Bozemann		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mrs. Lola Jones 3809 Birchview	

18. 331X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) Cerebral Hemorrhage DUE TO	INTERVAL BETWEEN ONSET AND DEATH 3 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) Cerebral Arteriosclerosis DUE TO (C) Generalized Arteriosclerosis	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 14, 1952 , to Feb 9, 1952 , that I last saw the deceased alive on Feb 8, 1952 , and that death occurred at 7:51 m. , from the causes and on the date stated above.					
23A. SIGNATURE Charles V. Severy		23B. ADDRESS 3601 Adles Ave		23C. DATE SIGNED 2/11/52	
24A. BURIAL CREMATION REMOVAL (Specify) Burial		24B. DATE 2-12-52		24C. NAME OF CEMETERY OR CREMATORY Stevensville Cem	
24D. LOCATION (City, town, or county) Stevensville Md		24E. DATE RECEIVED BY LOCAL REGISTRAR FEB 11 1952		24F. REGISTRAR'S SIGNATURE Huntington Williams M.D.	
24G. FUNERAL DIRECTOR J. Luck		24H. ADDRESS 35305 Harford Rd		24I. 83a	

Dr. Sevcik

3601 Aulsoe

4200 Parkwood Y

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 1345**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Frank Scherschel

2. DATE
OF
DEATH

Feb. 10 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION

4613 Frankford Ave

C. CITY OR TOWN

(If outside corporate limits, write full name and give township)

Baltimore

C. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

4613 Frankford Ave

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb. 22 1985

9. AGE (In years last birthday)

66

If Under 1 Year Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Electrician

10B. KIND OF BUSINESS OR INDUSTRY

Cum Cum. Sal

11. BIRTHPLACE (State or foreign country)

Indiana

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME
Frank Scherschel

14. MOTHER'S MAIDEN NAME

2

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

212-09-4903

17. INFORMANT

Mr. Ella Scherschel

ADDRESS

4613 Frankford

18.

241X
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) *BILATERAL PNEUMONIA*
DUE TO *BRONCHIECTASIS, ASTHMA*
(B) *HYPERTENSIVE HEART DISEASE*

INTERVAL BETWEEN ONSET AND DEATH

10 days
15 YEARS
6 YEARS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *12/23* 19*46* to *2/9* 19*52*, that I last saw the deceased alive on *2/9* 19*52*, and that death occurred at *11:45* pm., from the causes and on the date stated above.

23A. SIGNATURE

John H. Hirschfeld

23B. ADDRESS

6919 Harpsford Road

23C. DATE SIGNED

2/11/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2-13-52

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Balto Md

DATE RECEIVED BY LOCAL REGISTRAR

FEB 11 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

W. J. Ricketts

ADDRESS

5305 Harford Rd

VS 150

515 32

108

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Herschfeld

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **52 1346**

 BIRTH NO. **52 1346**

1. NAME OF DECEASED (Type or Print) Ira E. Pyle		2. DATE OF DEATH Feb. 11-1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 3202 Gibbons Ave		C. CITY OR TOWN Baltimore 27-44	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 3202 Gibbons Ave	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan. 5-1872 80
9. AGE (In years last birthday)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) gardener	
10a. KIND OF BUSINESS OR INDUSTRY Clifton Park		11. BIRTHPLACE (State or foreign country) Garrett Co Md	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME George Pyle	
14. MOTHER'S MAIDEN NAME Mary Stinchcomb		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Hannah Pyle-3202 Gibbons ADDRESS	
18. 422.2 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO Chronic Myocarditis (infectious)		INTERVAL BETWEEN ONSET AND DEATH years	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 1, 1949 , to 2/11/52 , 1952 that I last saw the deceased alive on 2/4, 1952 and that death occurred at 4:30 P.M. , from the causes and on the date stated above.			
23A. SIGNATURE Ira E. Pyle		23B. ADDRESS 5703 Harford Rd	23C. DATE SIGNED 2/11/52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 2-13-52	24C. NAME OF CEMETERY OR CREMATORY Baltimore	24D. LOCATION (City, town, or county) (State) Baltimore, Md
DATE RECEIVED BY LOCAL REGISTRAR FEB 11 1952		25. FUNERAL DIRECTOR Huntington Williams, M.D. ADDRESS 55305 Harford	

Dr. Galley

VALLEY
CONGRESS

BOND

100.00

U.S.A.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **52 1347**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**Myra Tillery (MYRA GARRETT TILLEY)**2. DATE
OF
DEATH**2.9.52**

3. PLACE OF DEATH:

A. Baltimore City, Maryland **Baltimore**4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

MarylandB. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)**Doctors Hospital.**C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)**Baltimore**

D. STREET ADDRESS (If rural, give location)

1400 Gantaw Pl - 17.

C. Length of stay in Baltimore

40Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

white7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**Widowed**

8. DATE OF BIRTH

5.6.18759. AGE (In years
last birthday)**76**10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**housewife**10B. KIND OF BUSINESS OR
INDUSTRY**at home**

11. BIRTHPLACE (State or foreign country)

North-Carolina12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Frank Garrett

14. MOTHER'S MAIDEN NAME

Ann Parker.15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Mrs. Ann Garrett FidlerADDRESS **1400 Gantaw Pl - 17.**

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Emiplegia.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Arteriosclerosis.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) DUE TO

C. V. R.**Senility**INTERVAL BETWEEN
ONSET AND DEATH**4 days.
about
10 yrs.
about
10 yrs.**

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **2/17** 19**50** to **2/9/52**, 19**52** that I last saw the
deceased alive on **2/9** 19**52** and that death occurred at **2:01** p. m. from the causes and on the date stated above.

23A. SIGNATURE

James H. Hays

23B. ADDRESS

8212 South Road.

23C. DATE SIGNED

2/11/5224A. BURIAL, CREMA-
TION, REMOVAL (Specify)**Burial**

24B. DATE

2/12/52

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR**FEB 11 1952**

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Lickner & Sons

ADDRESS

131a Balto 17, Md.

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UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

OFFICE OF THE CHIEF OF BUREAU

WASHINGTON, D. C.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **52 1348**

200
52 1348
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Cause, Frederic J.			2. DATE OF DEATH 2/9/52		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MD. b. COUNTY 15-07		
5. FULL NAME OF HOSPITAL OR INSTITUTION Church Home & Hospital			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.		
c. Length of stay in Baltimore Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) Chymman Park apt		
6. SEX M	7. COLOR OR RACE W	8. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	9. DATE OF BIRTH Sept 8, 1885	10. AGE (in years last birthday) 66	11. If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) For. Freight Traffic			10b. KIND OF BUSINESS OR INDUSTRY Railroad		
11. BIRTHPLACE (State or foreign country) New Jersey			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Cause, Mr. Henry J.			14. MOTHER'S MAIDEN NAME Culver, Mary E.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. 705-12-1484		
17. INFORMANT Coelins, George			ADDRESS 62-35 5th Ave. Baltimore		
18. 451X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Abdominal aneurysm & rupture of aorta DUE TO arterio-sclerosis, general ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. early insufficiency OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. pulmonary embolism - aneurysm			CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH 9 yrs? 8 months		
19a. DATE OF OPERATION 2/2/52			19b. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH			21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)					
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 2/2/52 , 19 52 , to 2/9/52 , 19 52 , that I last saw the deceased alive on 2/9/52 , 19 52 , and that death occurred at 6 PM , from the causes and on the date stated above.					
23a. SIGNATURE Dr. L. J. Louis			23b. ADDRESS Church Home & Hospital		
23c. DATE SIGNED 2/9/52					
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal			24b. DATE 2/13/52		
24c. NAME OF CEMETERY OR CREMATORY Newton Cem.			24d. LOCATION (City, town, or county) (State) Newton, N. J.		
25. FUNERAL DIRECTOR Wm. J. Tichener & Sons			ADDRESS Balto. 17 Md 96		

523 50

375

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

100

[Faint, mostly illegible text covering the majority of the page, likely a memorandum or report. The text is too light to transcribe accurately.]



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1349

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JANET D. STEVENSON

2. DATE
OF
DEATH

Feb. 10, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Homewood Apts.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

Homewood Apts.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

white

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Dec. 29, 1877

9. AGE (In years
last birthday)

74

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George Deter

14. MOTHER'S MAIDEN NAME

Miller Tennant

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

no

17. INFORMANT

ADDRESS

Miss Miller Stevenson - Homewood Apts.

18.

420.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Arteriosclerotic Heart Disease

INTERVAL BETWEEN
ONSET AND DEATH

3 year

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Generalized arteriosclerosis

(C) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Cholecystitis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 5, 1951, to Feb. 10, 1952, that I last saw the deceased alive on Feb. 10, 1952, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Bernard Burgin

23B. ADDRESS

6721 Reisterstown Rd.

23C. DATE SIGNED

2/11/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/13/52

24C. NAME OF CEMETERY OR CREMATORY

Frostburg Mem. Pk.

24D. LOCATION (City, town, or county) (State)

Frostburg, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 11 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Dickener & Sons

ADDRESS

937 Baeto 17, Md.

VS 150

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RECEIVED BY THE DEPARTMENT OF THE INTERIOR

OFFICE OF THE SECRETARY

1919

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1350

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Frank J. Tricka Sr.

2. DATE
OF
DEATH

2/10/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

Maryland Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

6419 Rosemont Ave.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

36 Franklin Square Hospital

Yrs.
Mos.
Days

67YRS.

c. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

2/8/1867

9. AGE (In years last birthday)

84

If Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

TAILOR

10B. KIND OF BUSINESS OR INDUSTRY

SELF.

11. BIRTHPLACE (State or foreign country)

Austria

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

FRANK - TRICKA

14. MOTHER'S MAIDEN NAME

? -

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

NONE.

17. INFORMANT

ADDRESS

Agnes Tricka 6419 ROSEMONT AVE

18.

561.0 1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Intestinal obstruction

DUE TO

14 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Mesenteric thrombosis

DUE TO

(C) Bilateral thrombophlebitis

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.Arteriosclerotic heart disease
Anaxillar fibillation

19A. DATE OF OPERATION

1/7/52

19B. MAJOR FINDINGS OF OPERATION

Indirect inguinal hernia & scrotal extension

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22 I hereby certify that I attended the deceased from 1/28 1952 to 2/10 1952, that I last saw the deceased alive on 2/10 1952 and that death occurred at 10:30 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Robert J. Chambers

M. D.

23B. ADDRESS

Franklin Square Hosp.

23C. DATE SIGNED

2/10/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

FEB 13 1952

24C. NAME OF CEMETERY OR CREMATORY

HOLY REDEEMER CEM.

24D. LOCATION (City, town, or county)

4430 BELAIR ROAD MD.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington, William, M.D.

25. FUNERAL DIRECTOR

ADDRESS

L. Appel, Rep. 7110 BELAIR RD

FEB 11 1952

VS 150

937

[Faint, illegible handwriting throughout the page, likely bleed-through from the reverse side.]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 1351

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Pauline M. Casey

2. DATE
OF DEATH Feb. 9, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

2905 Hamilton Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2905 Hamilton Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

May 22, 1893

9. AGE (In years
last birthday)

58

If Under 1 Year
Months: Days

8

If Under 24 Hours
Hours: Min.

17

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House Wife

10B. KIND OF BUSINESS OR
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Whiteford, Md.

12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

William J. Dorsey

14. MOTHER'S MAIDEN NAME

Hannah E. Foard

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mary P. Thompson 2819 W. Lanvale

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

Acute Pulmonary Edema

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Rheumatic Cardio-vascular
Disease

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes Mellitus

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 9, 1952, to Feb. 9, 1952, that I last saw the
deceased alive on Feb. 9, 1952, and that death occurred at 2:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Cem. H. Kammner, M.D.

23B. ADDRESS

5015 Weidman Ave.

23C. DATE SIGNED

Feb. 11, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial Feb. 12, 1952 Oaklawn

Baltimore

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 11 1952

Huntington, William, M.D.

F. S. Cole, 1913 W. Balto. St.

612 W. 40th St

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1931

92

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 1352**B-655
52 1352

1. NAME OF DECEASED (Type or Print) OLAN BRANNON		2. DATE OF DEATH February 10, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Agnes Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 1713 Bank Street	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 5, 1901
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter U.S. Navy		9. AGE (In years last birthday) 50 If Under 1 Year: Months: _____ Days: _____ If Under 24 Hours: Hours: _____ Min: _____	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Macon Georgia	
13. FATHER'S NAME		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	

18. 470.1 and E-816.4 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary occlusion (A) _____ DUE TO _____ ANTECEDENT CAUSES (B) _____ DUE TO _____ DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) _____ II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Crushed chest		INTERVAL BETWEEN ONSET AND DEATH
--	--	----------------------------------

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Road		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Route 1 near Harwood, Maryland 5200	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Feb. 10, 1952 2:30 P.M.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Driver in auto and auto collision	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William C. Smith</i>		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED Feb. 11, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Feb. 13/52		24C. NAME OF CEMETERY OR CREMATORY Baltimore National	
24D. LOCATION (City, town, or county) (State) Baltimore		25. FUNERAL DIRECTOR Frederick J. Ozogowski		ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR FEB 12 1952		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>			

CERTIFICATE OF DEATH

<p>1. Name of deceased</p>		<p>2. Sex</p>	
<p>3. Date of birth</p>		<p>4. Place of birth</p>	
<p>5. Date of death</p>		<p>6. Place of death</p>	
<p>7. Cause of death</p>		<p>8. Manner of death</p>	
<p>9. Signature of physician</p>		<p>10. Signature of registrar</p>	
<p>11. Signature of informant</p>		<p>12. Signature of witness</p>	
<p>13. Signature of funeral director</p>		<p>14. Signature of undertaker</p>	
<p>15. Signature of cemetery</p>		<p>16. Signature of burial place</p>	
<p>17. Signature of interment</p>		<p>18. Signature of final disposition</p>	
<p>19. Signature of crematorium</p>		<p>20. Signature of cremation</p>	
<p>21. Signature of cremation</p>		<p>22. Signature of cremation</p>	
<p>23. Signature of cremation</p>		<p>24. Signature of cremation</p>	
<p>25. Signature of cremation</p>		<p>26. Signature of cremation</p>	
<p>27. Signature of cremation</p>		<p>28. Signature of cremation</p>	
<p>29. Signature of cremation</p>		<p>30. Signature of cremation</p>	
<p>31. Signature of cremation</p>		<p>32. Signature of cremation</p>	
<p>33. Signature of cremation</p>		<p>34. Signature of cremation</p>	
<p>35. Signature of cremation</p>		<p>36. Signature of cremation</p>	
<p>37. Signature of cremation</p>		<p>38. Signature of cremation</p>	
<p>39. Signature of cremation</p>		<p>40. Signature of cremation</p>	
<p>41. Signature of cremation</p>		<p>42. Signature of cremation</p>	
<p>43. Signature of cremation</p>		<p>44. Signature of cremation</p>	
<p>45. Signature of cremation</p>		<p>46. Signature of cremation</p>	
<p>47. Signature of cremation</p>		<p>48. Signature of cremation</p>	
<p>49. Signature of cremation</p>		<p>50. Signature of cremation</p>	
<p>51. Signature of cremation</p>		<p>52. Signature of cremation</p>	
<p>53. Signature of cremation</p>		<p>54. Signature of cremation</p>	
<p>55. Signature of cremation</p>		<p>56. Signature of cremation</p>	
<p>57. Signature of cremation</p>		<p>58. Signature of cremation</p>	
<p>59. Signature of cremation</p>		<p>60. Signature of cremation</p>	
<p>61. Signature of cremation</p>		<p>62. Signature of cremation</p>	
<p>63. Signature of cremation</p>		<p>64. Signature of cremation</p>	
<p>65. Signature of cremation</p>		<p>66. Signature of cremation</p>	
<p>67. Signature of cremation</p>		<p>68. Signature of cremation</p>	
<p>69. Signature of cremation</p>		<p>70. Signature of cremation</p>	
<p>71. Signature of cremation</p>		<p>72. Signature of cremation</p>	
<p>73. Signature of cremation</p>		<p>74. Signature of cremation</p>	
<p>75. Signature of cremation</p>		<p>76. Signature of cremation</p>	
<p>77. Signature of cremation</p>		<p>78. Signature of cremation</p>	
<p>79. Signature of cremation</p>		<p>80. Signature of cremation</p>	
<p>81. Signature of cremation</p>		<p>82. Signature of cremation</p>	
<p>83. Signature of cremation</p>		<p>84. Signature of cremation</p>	
<p>85. Signature of cremation</p>		<p>86. Signature of cremation</p>	
<p>87. Signature of cremation</p>		<p>88. Signature of cremation</p>	
<p>89. Signature of cremation</p>		<p>90. Signature of cremation</p>	
<p>91. Signature of cremation</p>		<p>92. Signature of cremation</p>	
<p>93. Signature of cremation</p>		<p>94. Signature of cremation</p>	
<p>95. Signature of cremation</p>		<p>96. Signature of cremation</p>	
<p>97. Signature of cremation</p>		<p>98. Signature of cremation</p>	
<p>99. Signature of cremation</p>		<p>100. Signature of cremation</p>	

LABA

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1353
Registered No.

100
52 1353
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Anna Laba</u>			2. DATE OF DEATH <u>2/1/52</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland ✓			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> C. CITY OR TOWN <u>Baltimore</u> D. STREET ADDRESS (If rural, give location) <u>3817 Elmley Ave.</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>South Baltimore General Hospital</u>			E. COUNTY <u>26-03</u>		
c. Length of stay in Baltimore Yrs. <u>43</u> Mos. <u>11</u> Days <u>12</u>					
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>11/20</u>		9. AGE (In years last birthday) <u>45</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <u>Frank Aleksalska</u>			14. MOTHER'S MAIDEN NAME <u>Eva</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <u>Anthony Laba 3817 Elmley Ave</u>		

18. <u>456X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Lupus Erythematosus</u>		CAUSE OF DEATH (A) <u>Lupus Erythematosus</u> DUE TO	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <u>Cirrhosis of liver</u> DUE TO (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/15/52, 1952, to 2/1/52, 1952, that I last saw the deceased alive on 2/1/52, 1952, and that death occurred at 5:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE <u>Chung-ting Wong</u> M.D.		23B. ADDRESS <u>1213 Light St.</u>		23C. DATE SIGNED <u>2/1/52</u>
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>Feb. 13/52</u>		24C. NAME OF CEMETERY OR CREMATORY <u>2409 Cross</u>
24D. LOCATION (City, town, or county) (State) <u>a.a.c.o</u>				
DATE RECEIVED BY LOCAL REGISTRAR <u>FEB 12 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>		25. FUNERAL DIRECTOR <u>Fred M. Ozogowski</u>
				ADDRESS <u>1930 Eastern Ave</u>

5201

92

STATION & DE 1247

8203

92

U.S. DEPT. OF AGRICULTURE
BUREAU OF PLANT INDUSTRY
WASHINGTON, D.C.

COPIES OF
PLANT
INDUSTRY
BUREAU
WASHINGTON, D.C.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1354

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ROBERT MC MULLEN

2. DATE
OF
DEATH

2-10-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE MD.

B. COUNTY BALTO

B. FULL NAME OF (If not in hospital or institution, give street address or location)

UNIVERSITY HOSPITAL

C. CITY OR TOWN

BALTO. CO. (TOWSON)

D. STREET ADDRESS (If rural, give location)

210 HOPKINS ROAD

c. Length of stay in Baltimore

4 MOS.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

FEB. 7, 1923

9. AGE (In years last birthday)

29

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RADIO TECHNICIAN

10B. KIND OF BUSINESS OR INDUSTRY

AVIATION

11. BIRTHPLACE (State or foreign country)

FLORIDA

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

CLIFFORD H. MCMULLEN

14. MOTHER'S MAIDEN NAME

BEATRICE L. ROSSITER

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

YES

W. W. II

16. SOCIAL SECURITY NO.

263-24-9135

17. INFORMANT

ADDRESS

MRS. T. M. BREAKER CANTON, OHIO

18. E815.4

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cranio cerebral Injury
DUE TO FRACTURE OF SKULL
Subdural hemorrhage

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

STREET

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

FREMONT & BALTIMORE ST 4/2

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

2-9-52 4PM

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

WORK ☐AT WORK ☒

21F. HOW DID INJURY OCCUR?

Auto-Motorcycle Collision

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. J. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

MEDICAL INVESTIGATOR

23C. DATE SIGNED

2-10-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

2-1952

24C. NAME OF CEMETERY OR CREMATORY

LARGO CEMETERY

24D. LOCATION (City, town, or county)

CLEARWATER LARGO, FLA.

DATE RECEIVED BY LOCAL REGISTRAR

FEB 12 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

H. W. JENKINS & SONS Co

ADDRESS

4905 YORK RD

VS 151

N 803-2

5523T

1700 ✓

1931

1931

THE STATE OF CALIFORNIA

COUNTY OF SAN FRANCISCO

BEFORE ME, the undersigned authority, on this day personally appeared

and acknowledged to me that he executed the foregoing instrument for the purposes and consideration therein expressed.

Given under my hand and seal of office this day of

1931.

Notary Public for the State of California

My commission expires this day of

1931.

Notary Public for the State of California

My commission expires this day of

1931.

Notary Public for the State of California

My commission expires this day of

1931.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 1355**

BIRTH NO. **1355**

1. NAME OF DECEASED (Type or Print) (KAZIMERRA) KATIE KABLIES			2. DATE OF DEATH 2-9-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland ✓			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 4504 SIMMS AVE.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 27-01		
C. Length of stay in Baltimore 40 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 4504 SIMMS AVE.		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH Oct 8 1884		9. AGE (In years last birthday) 67
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) LITHUANIA
13. FATHER'S NAME UNKNOWN			14. MOTHER'S MAIDEN NAME UNKNOWN		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no			16. SOCIAL SECURITY NO. None		
			17. INFORMANT ADDRESS Mary Brewer 4504 Simms Ave.		

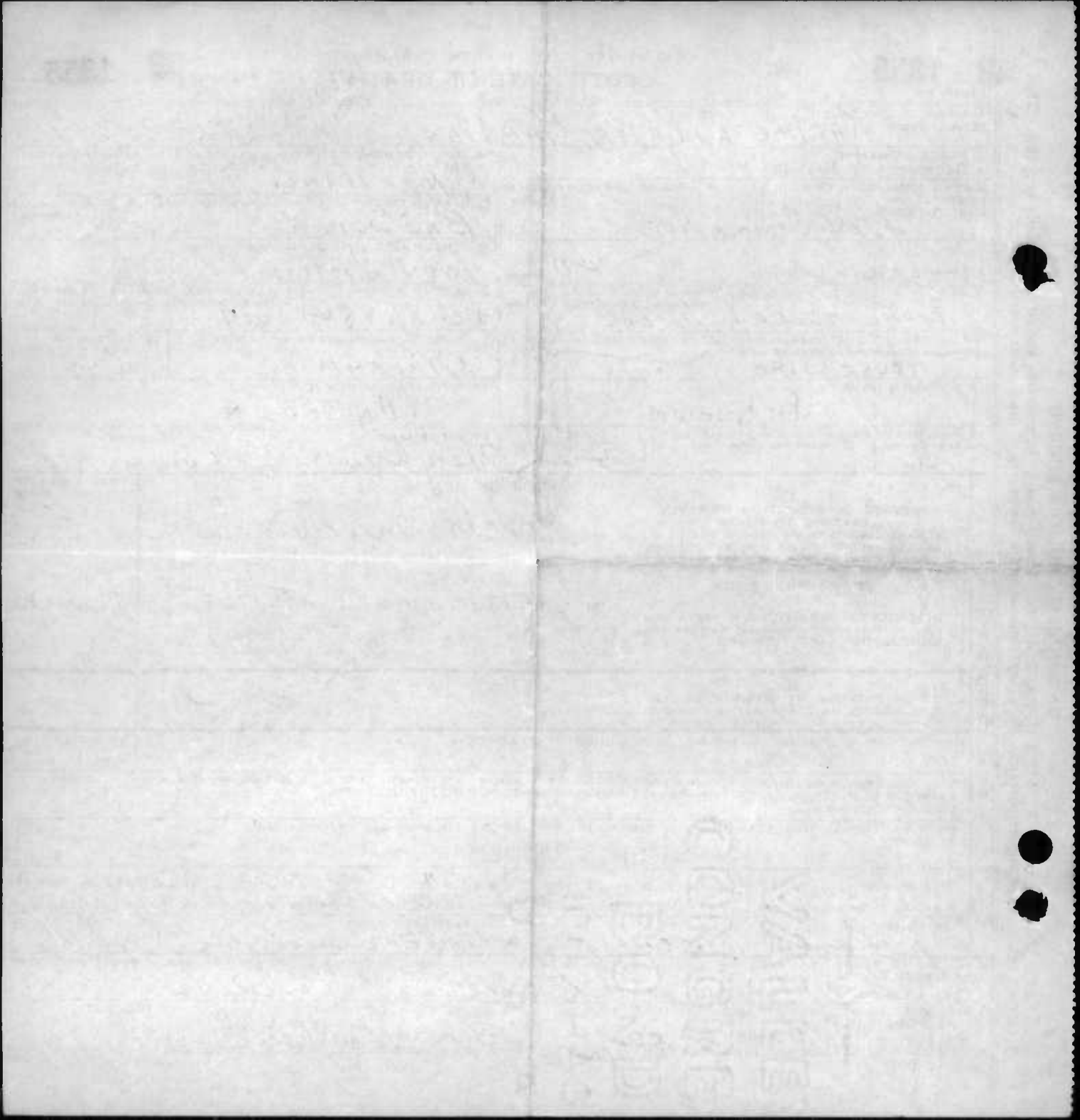
18. 174X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma, metastatic DUE TO	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Carcinoma, uterus DUE TO		11 months
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 2/13/52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 17, 1952 to Feb 9, 1952 , that I last saw the deceased alive on Feb 9, 1952 , and that death occurred at 330 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Charles V. Sevcik M. D.		23B. ADDRESS 4200 Parkwood Ave.		23C. DATE SIGNED 2/12/52	
24A. BURIAL CREMATION, REMOVAL (Specify) Burial	24B. DATE 2/13/52	24C. NAME OF CEMETERY OR CREMATORY St. Stanislaus		24D. LOCATION (City, town, or county) (State) Dundalk An Md	
DATE RECEIVED BY LOCAL REGISTRAR FEB 12 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR ADDRESS Charles V. Sevcik 703 N. E. Kennedy	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 1356BIRTH NO. 52 13561. NAME OF DECEASED
(Type or Print)JULIA V. WYSOCKI2. DATE
OF DEATH2/10/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

yesB. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)DOCTORS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

F-02

C. Length of stay in Baltimore

51 yrs

5. SEX

F

6. COLOR OR RACE

W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)married

8. DATE OF BIRTH

Dec 21 19009. AGE (In years
last birthday)5110. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRYH.W.

11. BIRTHPLACE (State or foreign country)

Baltimore Md12. CITIZEN OF
WHAT COUNTRY?US

13. FATHER'S NAME

Nicholas Hartman

14. MOTHER'S MAIDEN NAME

Eva15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)no16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Son 515 Juniper Ave

18.

443 x 1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) Acute Cardiac Failure
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Hypertensive Cardio Vascular Dis
DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.(C) DiabetesINTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 1949 to 2/10/52, that I last saw the
deceased alive on 2/9, 1952, and that death occurred at 5:00 p.m. from the causes and on the date stated above.

23A. SIGNATURE

Julius J. Janowski

23B. ADDRESS

2771 Carter St. Bal.

23C. DATE SIGNED

2/11/5224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 12 1952

VS 150

William M. Lilly & John A. - 403 S. Wolfe St

CERTIFICATE OF DEATH

7/1/11

WILLIAM W. WILSON

Age 71 years

1011 2nd St. N.W.

City of Washington

12 1/2 years

W. W. Wilson

W. W. Wilson

W. W. Wilson

W. W. Wilson

W. W. Wilson

W. W. Wilson

W. W. Wilson

W. W. Wilson

W. W. Wilson

W. W. Wilson

W. W. Wilson

W. W. Wilson

W. W. Wilson

W. W. Wilson

W. W. Wilson

W. W. Wilson

W. W. Wilson

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 1357

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)Thelma Clipp2. DATE
OF
DEATH2-10-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MarylandBaltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore8-01

D. STREET ADDRESS (If rural, give location)

2812 Lake Ave

c. Length of stay in Baltimore

10Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

at home

8. DATE OF BIRTH

1918 Dec 29

9. AGE (In years last birthday)

33

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

West Virginia

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Edward Russmisse

14. MOTHER'S MAIDEN NAME

Breta Harper

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

George Clipp (Husband)

ADDRESS

same

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Varicella

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

7 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) encephalitis

DUE TO

(C) pneumonitis lobar bilateraII
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.Toxemia (profound)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 10, 1952, to Feb. 10, 1952, that I last saw the deceased alive on Feb 10, 1952, and that death occurred at 10:35 p.m., from the causes and on the date stated above.

23A. SIGNATURE

R. K. Shinton

M. D.

23B. ADDRESS

University Hosp.

23C. DATE SIGNED

2-11-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/13/52

24C. NAME OF CEMETERY OR CREMATORY

Heavener Cem.

24D. LOCATION (City, town, or county)

Buckhannon W. Va

(State)

DATE RECEIVED BY LOCAL REGISTRAR

FEB 12 1952

REGISTRAR'S SIGNATURE

Huntington Hollingsworth

25. FUNERAL DIRECTOR

John J. Cowan & Son

ADDRESS

381 W. T. Collins

CERTIFICATE OF DEATH

1937

<p>1. Name of deceased: <i>John Doe</i></p>		<p>2. Sex: <i>Male</i></p>		<p>3. Age: <i>45</i></p>	
<p>4. Date of death: <i>Jan 15 1937</i></p>		<p>5. Time of death: <i>10:30 AM</i></p>		<p>6. Place of death: <i>Home</i></p>	
<p>7. Cause of death: <i>Heart Disease</i></p>		<p>8. Immediate cause: <i>Myocardial Infarction</i></p>		<p>9. Underlying cause: <i>Coronary Artery Disease</i></p>	
<p>10. Duration of illness: <i>2 weeks</i></p>		<p>11. Name of physician: <i>Dr. J. Smith</i></p>		<p>12. Signature of physician: <i>[Signature]</i></p>	
<p>13. Name of informant: <i>John Doe</i></p>		<p>14. Address of informant: <i>123 Main St</i></p>		<p>15. City and State: <i>Sacramento, Calif.</i></p>	
<p>16. Name of registrar: <i>[Name]</i></p>		<p>17. Signature of registrar: <i>[Signature]</i></p>		<p>18. Date of registration: <i>Jan 16 1937</i></p>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-534

CERTIFICATE CORRECTED 2-18-52

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 52 1358

52 1358 *Don Res*

1. NAME OF DECEASED (Type or Print) <i>Baby Boy Cantler</i>			2. DATE OF DEATH <i>Dec. 11, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>HL Penn</i>			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Pa</i> B. COUNTY <i>V-25</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Delta</i>		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location)		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Child</i>	8. DATE OF BIRTH <i>2-11-52</i>		9. AGE (In years last birthday) Months: _____ Days: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Pa</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>William Cantler</i>			14. MOTHER'S MAIDEN NAME <i>Evelyn Jones</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		

18. <i>762.5</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Longenital pulmonary atelectasis.</i>	CAUSE OF DEATH (A) <i>Longenital pulmonary atelectasis.</i> DUE TO (B) _____ DUE TO (C) _____	INTERVAL BETWEEN ONSET AND DEATH <i>Life</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Prematurity</i>		
---	--	--

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from *2-11-*, 19*52*, to *2-11-*, 19*52*, that I last saw the deceased alive on *2-11-*, 19*52*, and that death occurred at *11:50* m., from the causes and on the date stated above.

23. SIGNATURE <i>David L. Spare</i>	23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED <i>2-17-52</i>
--	---	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Feb. 12, 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Gate Ridge Cemetery</i>	24D. LOCATION (City, town, or county) (State) <i>Delta York Co. Pa.</i>
--	-----------------------------------	--	--

DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 12 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>Liberty Park</i>	ADDRESS <i>Delta Pa</i>
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FEB 12 1952 VS 150

THE JOHNS HOPKINS HOSPITAL

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 1359

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

A. Dolph H. Dill

2. DATE
OF
DEATH

2-11-1952

3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

S. T. Agnes Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Catonsville

C. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)

604, Harlem Ave

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

8-21-1886

9. AGE (in years last birthday)

65

10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

retired foreman

10B. KIND OF BUSINESS OR INDUSTRY

?

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Frederick Dill

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Mary C Dill - 604 Harlem Lane

ADDRESS Catonsville

18.

151X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Acute Gastric Cancer
Cancer of Stomach
Antecedent Causes

INTERVAL BETWEEN ONSET AND DEATH

13 mos

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

3/1951

19B. MAJOR FINDINGS OF OPERATION

Adenocarcinoma stomach & metastases

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/19, 1952 to 2/10, 1952 that I last saw the deceased alive on 9:30 P.M. 2/10/52 and that death occurred at 4:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

J. S. Jones

23B. ADDRESS

S. T. Agnes Hosp

23C. DATE SIGNED

2/11/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Entombment

24B. DATE

2/14/52

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Maus.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. S. Schenker & Sons

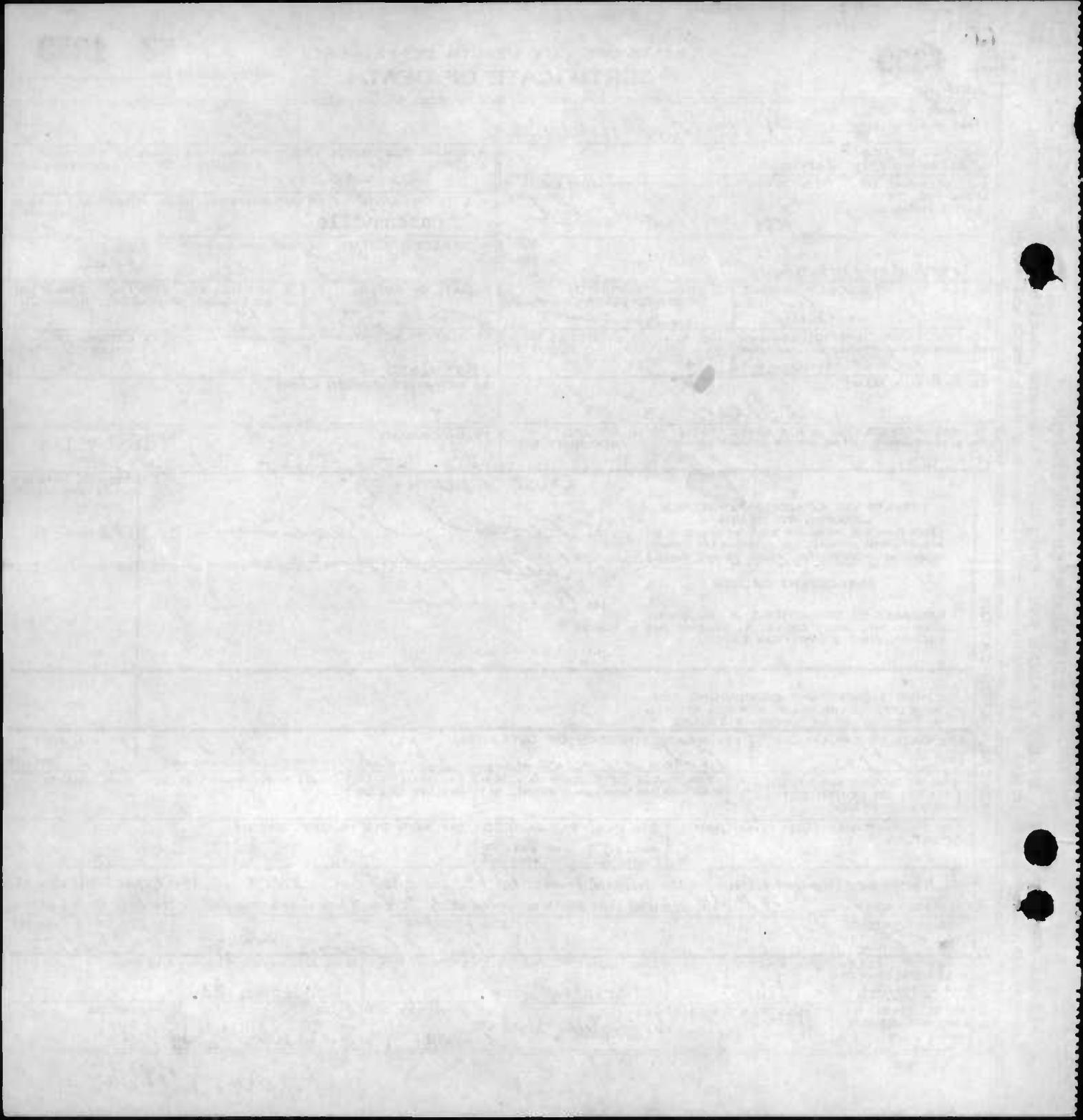
ADDRESS

FEB 12 1952

VS 150

1952 523 99

Balto 17 Md 46B



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 1360**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CLEMENT VERNON ABBOTT

2. DATE
OF
DEATH

Feb. 10, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
2932 Clifton Ave.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

2932 Clifton Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

Nov. 14, 1883

9. AGE (In years last birthday)

68

10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Vice Pres.

10B. KIND OF BUSINESS OR INDUSTRY

Metal Products

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Joseph A. Abbott

14. MOTHER'S MAIDEN NAME

Iowa R. Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.
215-07-0157

17. INFORMANT

ADDRESS

Mrs. Lucy Abbott - 2932 Clifton Ave.

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Acute Cardiac Dilatation

2-10-52

ANTECEDENT CAUSES

(B) DUE TO

Chr. Myocarditis

1950

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **Jan. 13, 1950**, to **Feb. 10, 1952**, that I last saw the deceased alive on **Feb. 9, 1952**, and that death occurred at **4:15 P.m.**, from the causes and on the date stated above.

23A. SIGNATURE

Paul Brown

23B. ADDRESS

3602 Liberty Hgts. Rd.

23C. DATE SIGNED

2-11-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/13/52

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24D. LOCATION (City, town, or county)

Pikesville, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

FEB 12 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. P. Scales & Sons

ADDRESS

937 Balto 17, Md.

VS 150

2903F

937 Balto 17, Md.

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1900

1900

CERTIFICATE OF DEATH

1900

1900



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 1361

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) RAYMOND O. HARRISON		2. DATE OF DEATH Feb. 9, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 2611 Garrison Blvd.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 2611 Garrison Blvd.	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept. 1, 1883
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) chief clerk		9. AGE (in years last birthday) 68	
10B. KIND OF BUSINESS OR INDUSTRY Unemp. Comp. State of Md.		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Robert G. Harrison		12. CITIZEN OF WHAT COUNTRY? _____	
14. MOTHER'S MAIDEN NAME Ella V. Newton		17. INFORMANT ADDRESS Mrs. Grace Harrison-2611 Garrison Blvd.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 217-07-3680	

18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Coronary Arteriosclerosis DUE TO _____ ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ DUE TO _____ (C) _____ OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH 1 day
---	--	--

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8 Feb, 1952 to 9 Feb, 1952 , that I last saw the deceased alive on 9 Feb, 1952 , and that death occurred at 9 A.m. , from the causes and on the date stated above.					
23A. SIGNATURE G. Allan Jones M. D.		23B. ADDRESS 4408 Loch Raven Rd		23C. DATE SIGNED 15 Feb 52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/12/52		24C. NAME OF CEMETERY OR CREMATORY Lorraine Cem.	
24D. LOCATION (City, town, or county) (State) Woodlawn, Md.		25. FUNERAL DIRECTOR Huntington Williams, M.D. & Sons 942 Bath 17 Md.			
DATE RECEIVED BY LOCAL REGISTRAR FEB 12 1952		VS 150			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1081

87

WESTERN UNION TELEGRAPH CO.

1881

STATE OF NEW YORK

IN SENATE

JANUARY 1881

REPORT

OF THE

COMMISSIONERS

OF THE

LAND OFFICE

FOR THE

YEAR 1880

AND

FOR THE

YEAR 1881

AND

FOR THE

YEAR 1882

AND

FOR THE

YEAR 1883

AND

FOR THE

YEAR 1884

AND

FOR THE

YEAR 1885

AND

FOR THE

YEAR 1886

AND

FOR THE

YEAR 1887

AND

FOR THE

YEAR 1888

AND

FOR THE

YEAR 1889

AND

FOR THE

YEAR 1890

AND

FOR THE

YEAR 1891

AND

FOR THE

YEAR 1892

AND

FOR THE

YEAR 1893

AND

FOR THE

YEAR 1894

AND

FOR THE

YEAR 1895

AND

FOR THE

YEAR 1896

AND

FOR THE

YEAR 1897

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 1362

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Alexander P. Thompson*2. DATE
OF
DEATH*Feb. 11-1952*3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE *Maryland* B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORKNOT WHILE
AT WORK22. I hereby certify that I attended the deceased from 5 Feb, 1952, to 11 Feb, 1952, that I last saw the deceased alive on 8 Feb, 1952, and that death occurred at 9:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Edward L. J. Rick

M. D.

7425 Harford Rd. (14)12 Feb 52.24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 12 1952*Huntington Williams, M.D.*5305 Harford

Dr. Moly -
7425 Harford Rd
2515 Taylor

CERTIFICATE CORRECTED 2-14-52

BALTIMORE CITY HEALTH DEPARTMENT

52 1363

Registered No.

CERTIFICATE OF DEATH

BIRTH NO.

1. NAME OF DECEASED Mary C. (Carrie) McGreevy

(Type or Print)

2. DATE
OF
DEATH

2/11/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

c. Length of stay in Baltimore

64

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18.

584X
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

(A) Toxic hepatitis, myocystitis, thrombocytopenia, anemia and nephritis, cause undetermined

3 1/2 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Chronic cholecystitis & cholelithiasis

? years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-25, 1952 to 2-11, 1952 that I last saw the deceased alive on 2-11, 1952, and that death occurred at 1:10 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 12 1952

Huntington Williams, M.D.

L. J. Buck

5305 Harford Rd

1955 27

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

PLANT INDUSTRY



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 1364

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Christina Kentner

2. DATE
OF
DEATH 2-10-523. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE Maryland B. COUNTY _____ before admission)B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR Baltimore City Hospitals location)
INSTITUTION4940 Eastern AvenueC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)Baltimore

D. STREET ADDRESS (If rural, give location)

Homeless

c. Length of stay in Baltimore

Life

5. SEX

F

6. COLOR OR RACE

W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)Single

8. DATE OF BIRTH

Dec. 20, 18759. AGE (In years
last birthday)78

If Under 1 Year Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Casper

14. MOTHER'S MAIDEN NAME

Magdeline15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Records- Baltimore City Hospitals
4940 Eastern Avenue

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Adeno Carcinoma Rectum

DUE TO

INTERVAL BETWEEN
ONSET AND DEATHover 1 Yr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) _____

DUE TO

(C) _____

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.Broncho Pneumonia?19A. DATE OF OPERATION 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-28-, 1950, to 2-10-, 1952, that I last saw the
deceased alive on 2-10-, 1952, and that death occurred at 7:00P m., from the causes and on the date stated above.

23A. SIGNATURE

C. D. Rozen

M.D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

2-11-5224A. BURIAL, CREMA-
TION, REMOVAL (Specify)Burial

24B. DATE

Feb. 13/52

24C. NAME OF CEMETERY OR CREMATORY

Trinity Cem.

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRARFEB 12 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John A. Miller 3

ADDRESS

2334 Jefferson St.

1981 37

1981 37

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **52 1365**

W-230
52 1365

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Maurice E. West

2. DATE
OF
DEATH

Feb. 10, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

1627 Madison Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

1627 Madison Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months Days If Under 24 Hours Hours Min.

Male

Colored

Married

May 13, 1913

68

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Henry West

14. MOTHER'S MAIDEN NAME

Mary Dawson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

215-09-9388-A

17. INFORMANT

Mrs. Dora West

ADDRESS

1627 Madison Ave.

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **Nov 15, 1951** to **Feb 10, 1952**, that I last saw the deceased alive on **Feb 10, 1952**, and that death occurred at **7:00 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

2-13-52

Mt. Auburn Cem

Baltimore,

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 12 1952

Huntington Williams, M.D.

Mr. W. A. Henry

578 W. Biddle St.

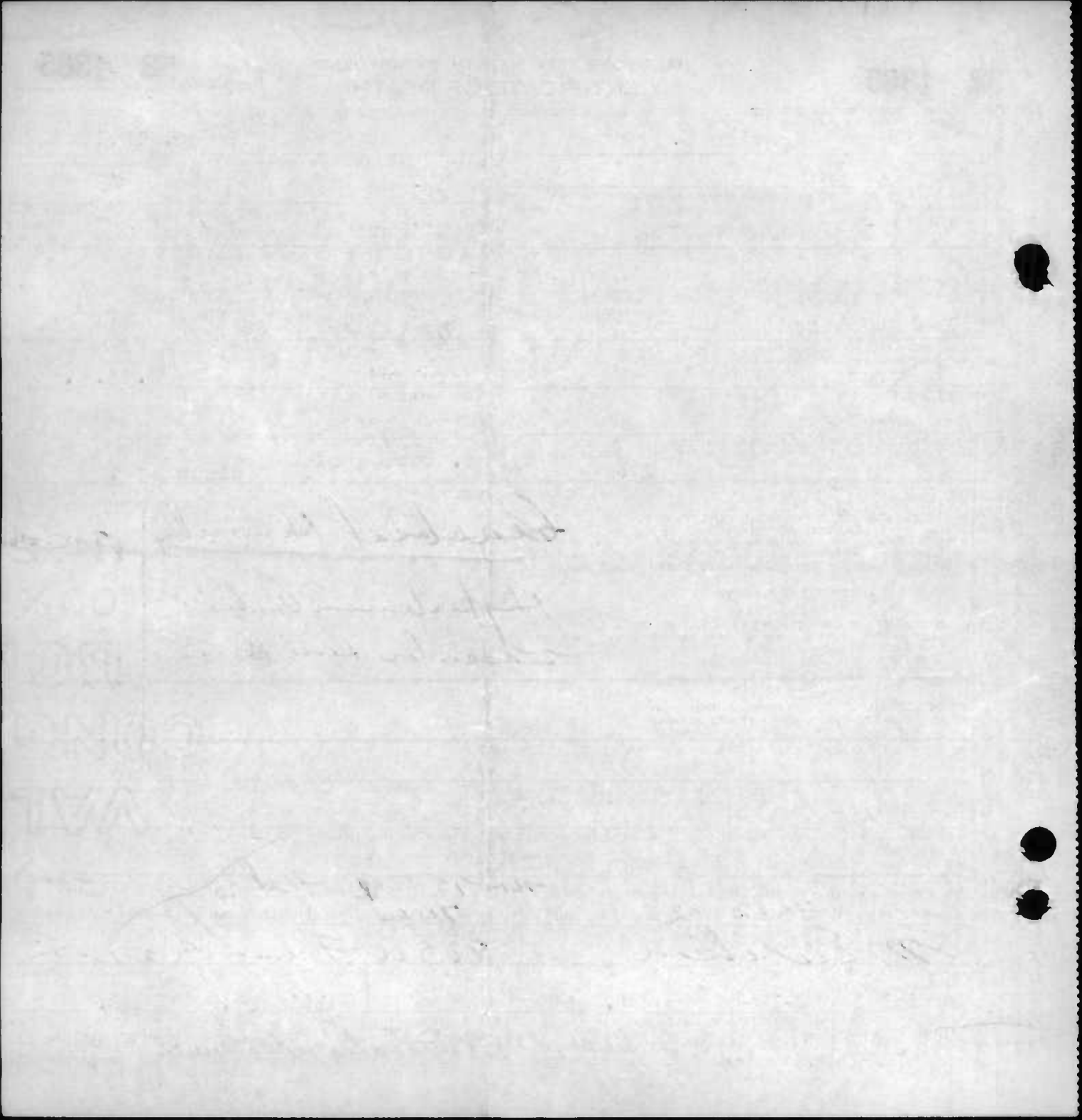
VS 150

97099

131a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 1366
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William J. Ritchie

2. DATE
OF
DEATH

Feb. 10, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

726 N. Gilmer St.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

726 N. Gilmer St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

April 8, 1878

9. AGE (in years last birthday)

73

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Porter

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Arthur Ritchie

14. MOTHER'S MAIDEN NAME

Carrie Johnson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Georgeana Ritchie

ADDRESS

726 N. Gilmer St.

18.

331X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Cerebral Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

2 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Arteriosclerosis

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-2-52, 1952, to 2-10-52, 1952, that I last saw the deceased alive on 2-10-52, 1952, and that death occurred at 6:30 m., from the causes and on the date stated above.

23A. SIGNATURE

Edenford P. Henderson

M. D.

23B. ADDRESS

2309 Grand Hill Ave

23C. DATE SIGNED

2-12-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2-13-52

24C. NAME OF CEMETERY OR CREMATORY

St. Lukes Cem

24D. LOCATION (City, town, or county)

Reisterstown, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 12 1952

Huntington Williams, M.D.

Wm. H. Hensley

578 W. Biddle St

VS 150

780 99

83a

MARGIN CERTIFICATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

2551 22

STANDARD FORM NO. 64

OFFICE OF THE SECRETARY OF DEFENSE

WASHINGTON, D.C. 20301



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 1367
Registered No.

52 1367
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Joanna Taylor</i>			2. DATE OF DEATH <i>Feb. 8, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Md</i> B. COUNTY <i>4-03</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>217 Myrtle Ave.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto.</i>		
c. Length of stay in Baltimore <i>Safe</i>			D. STREET ADDRESS (If rural, give location) <i>217 Myrtle Ave.</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Col.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>May 1895</i>	9. AGE (In years, last birthday) <i>56</i>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			11. BIRTHPLACE (State or foreign country) <i>Balto. Md.</i>		
13. FATHER'S NAME <i>Joseph Skinner</i>			14. MOTHER'S MAIDEN NAME <i>Sarah Johnson</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Annie Montgomery</i>			ADDRESS <i>217 Myrtle Ave.</i>		

18. <i>443 X 1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <i>Cerebral Hemorrhage</i> DUE TO (B) <i>Hypertension</i> DUE TO (C) <i>Car line</i>	INTERVAL BETWEEN ONSET AND DEATH <i>6 hr</i>
--	--	---

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Aug 10, 1951* to *Feb 8, 1952*, that I last saw the deceased alive on *Feb 8, 1952* and that death occurred at *6 P. M.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Dawd</i>	23B. ADDRESS <i>See</i>	23C. DATE SIGNED <i>2/11/52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>2/12/1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>W. T. Calvary Cem.</i>
24D. LOCATION (City, town, or county) (State) <i>Cedar Hill Md.</i>		25. FUNERAL DIRECTOR <i>Huntington Williams</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 12 1952</i>		ADDRESS <i>322 N. Lombard St.</i>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1981

30

RECEIVED THE NATIONAL BUREAU OF

HEALTH, EDUCATION & WELFARE

1981

30



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1368

BIRTH NO. 635 52 1368		1. NAME OF DECEASED (Type or Print) WALTER H. HORTON		2. DATE OF DEATH February 11, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		5. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals		D. STREET ADDRESS (If rural, give location) Lived on Barge in the Chesapeake Bay			
c. Length of stay in Baltimore Yrs. Mos. Days		8. DATE OF BIRTH August 1908		9. AGE (In years last birthday) 43 If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barge Captain		
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Portsmouth, Virginia		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Henry H. Horton		14. MOTHER'S MAIDEN NAME Lula Blake			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Richardson & Foster, Portsmouth, Va.	
18. E 850 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Drowning DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Harbor		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Foot of Lakeview Avenue	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Feb. 11, 1952 12:30 P.m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Fell overboard when his rowboat capsized	
22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William H. [Signature]</i>		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED Feb. 11, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) removal		24B. DATE 2/12/52		24C. NAME OF CEMETERY OR CREMATORY Portsmouth	
24D. LOCATION (City, town, or county) (State) Portsmouth, Virginia		25. FUNERAL DIRECTOR Mrs. [Signature]		ADDRESS 1217 St. Paul Street	
DATE RECEIVED BY LOCAL REGISTRAR FEB 12 1952		REGISTRAR'S SIGNATURE [Signature]			

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1369
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FANNIE PUMPIAN

2. DATE
OF
DEATH

2-11-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

5710 Ranny Road

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 27-15

D. STREET ADDRESS (If rural, give location)

5710 Ranny Road

c. Length of stay in Baltimore

57

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10 Under 1 Year
Months: Days
11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, or on if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Herman Pumpian 4900 Palmer Ave

18.

420.11
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

(A)

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.Coronary Thrombosis
Degenerative Cardio-vascu-
lar disease associated
with Arteriosclerosis and
hypertension

2 days

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-25-1950 to 2-11-1952 that I last saw the
deceased alive on 2-11-1952 and that death occurred at 220 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

EB 12-1052

Huntington Williams, M.D.

2100 Cutler Pl

937

Assessment
4022 Brookhill Rd
MO 5138
110971 Calvert La 6065

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52-1370

165
52-1370
BIRTH NO.

1. NAME OF DECEASED (Type or Print) MINNIE ABRAMOWITZ			2. DATE OF DEATH 2-11-52		
3. PLACE OF DEATH: a. Baltimore City, Maryland 4613 Park Heights			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Md b. COUNTY		
b. FULL NAME OF HOSPITAL OR INSTITUTION Mt Sinai Home			c. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore 15-11		
c. Length of stay in Baltimore 50 Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) 3521 White Chapel Road		
5. SEX Female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH		9. AGE (in years last birthday) 73
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Lith		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Samuel Jacobson			14. MOTHER'S MAIDEN NAME Lonna		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT Max Abramowitz - Same ADDRESS		
18. 442X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cardio-vascular renal disease DUE TO Hypertension ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH ! !		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 1935 to Feb. 11, 1952 , that I last saw the deceased alive on Feb. 11, 1952 and that death occurred at 340 m., from the causes and on the date stated above.					
23a. SIGNATURE Joan S. Blum M.D.		23b. ADDRESS 1115 N. Calver St		23c. DATE SIGNED 2/12/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-12-52		24c. NAME OF CEMETERY OR CREMATORY Rosedale	
24d. LOCATION (City, town, or county) Balto Md		24e. LOCATION (State)		25. FUNERAL DIRECTOR Jack Lewis ADDRESS 2100 Centard Pl	
DATE RECEIVED BY LOCAL REGISTRAR FEB 12 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS	

Blum
7115 to Calvert
7115 4777
3513 Powlattans Ave
70 04x4

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 52 1371

BIRTH NO. 52 1371

1. NAME OF DECEASED (Type or Print) <u>Leslie Langston</u>		2. DATE OF DEATH <u>Feb. 9, 1952</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <u>Md.</u> B. COUNTY <u>15-01</u>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Provident Hosp.</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Balto.</u>	
c. Length of stay in Baltimore Yrs. <u>34</u> Mos. <u>15</u> Days <u>01</u>		D. STREET ADDRESS (If rural, give location) <u>624 BAKER ST.</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Col.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married (sep)</u>	8. DATE OF BIRTH <u>April 27, 1905</u>
9. AGE (In years last birthday) <u>46</u>		10. BIRTHPLACE (State or foreign country) <u>Petersburg Va</u>	
11. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Thomas Valentine</u>		14. MOTHER'S MAIDEN NAME <u>Fannie Harris</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>2014</u>	
17. INFORMANT <u>Mary Richardson</u>		ADDRESS <u>W. Fulton Ave</u>	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Cerebral Hemorrhage</u>	CAUSE OF DEATH <u>Cerebral Hemorrhage</u>	INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Essential Hypertension</u>	DUE TO <u>Essential Hypertension</u>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <u>Arteriosclerosis</u>		

19A. DATE OF OPERATION <u>0</u>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/7, 1952, to 2/9, 1952, that I last saw the deceased alive on 2/9, 1952, and that death occurred at 3:35 p.m., from the causes and on the date stated above.

23A. SIGNATURE <u>E. H. Bonner</u>	23B. ADDRESS <u>722 N. Fulton Ave</u>	23C. DATE SIGNED <u>2/11/52</u>
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>Feb. 12, 1952</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Arboretum Memorial</u>
24D. LOCATION (City, town, or county) <u>Md.</u>	24E. FUNERAL DIRECTOR <u>Wm. H. Schorndorff</u>	24F. ADDRESS <u>392</u>

DATE RECEIVED BY LOCAL REGISTRAR <u>FEB 12 1952</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>	25. FUNERAL DIRECTOR <u>Wm. H. Schorndorff</u>	ADDRESS <u>392</u>
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

UNITED STATES DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF INVESTIGATION

WASHINGTON, D. C. 20535

DATE: 10/10/73

TO: DIRECTOR, FBI

FROM: SAC, NEW YORK

SUBJECT: [REDACTED]

RE: [REDACTED]

NY 100-100000

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The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1372

BIRTH NO. 656
52 1372

1. NAME OF DECEASED
(Type or Print)

TERRY KOERNER

2. DATE
OF
DEATH

Feb. 12, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

42 Sinai Hospital of Baltimore, Inc.

C. Length of stay in Baltimore

15

Yrs.
Mon.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

JAN. 31, 1949

9. AGE (In years last birthday)

3

10. Under 1 Year

11. Under 24 Hours

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Child

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Easton, Md.

12. CITIZEN OF WHAT COUNTRY?

AMERICA

13. FATHER'S NAME

EUGENE KOERNER JR.

14. MOTHER'S MAIDEN NAME

Dorothy Baldwin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Sinai Hosp. Records

18.

193X I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

HYPERThermia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

MeninGitis

DUE TO

(C)

BRAIN TUMOR

INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Feb. 8, 1952

19B. MAJOR FINDINGS OF OPERATION

ASTROCYTOMA

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK

NOT WHILE AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JAN. 29, 1952, to Feb. 12, 1952, that I last saw the deceased alive on Feb. 12, 1952, and that death occurred at 12:09 AM., from the causes and on the date stated above.

23A. SIGNATURE

William S. Parker

M. D.

23B. ADDRESS

SINAI HOSPITAL

23C. DATE SIGNED

Feb. 12, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

Feb. 15, 1952

24C. NAME OF CEMETERY OR CREMATORY

Oliver Cemetery

24D. LOCATION (City, town, or county)

St Michaels, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

FEB 2 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. P. Mitchell & Sons Inc.

ADDRESS

1900 Easton Place

VS 150

54a

3000

50

1000

RECEIVED BY THE
DEPARTMENT OF HEALTH

1000

50



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 1373

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Mary Varvaro*2. DATE
OF
DEATH*2/10/52*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

*Maryland Balto.*B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 27-18

c. Length of stay in Baltimore

35

D. STREET ADDRESS (If rural, give location)

4918 Denmore Ave

5. SEX

F

6. COLOR OR RACE

*W*7. SINGLE ☒ MARRIED ☐

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Jan 12, 1868

9. AGE (In years, last birthday)

84

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Hwt

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Louis Laudicina

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

0

17. INFORMANT

son

ADDRESS

18.

330X1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Subarachnoid Hemorrhage

DUE TO

ANTECEDENT CAUSES

(B)

arteriosclerosis

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

INTERVAL BETWEEN ONSET AND DEATH

*4 day*II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *2/6*, 1952 to *2/10*, 1952 that I last saw the deceased alive on *2/10*, 1952, and that death occurred at *2 A* m., from the causes and on the date stated above.

23A. SIGNATURE

John R. Buell Jr.

23B. ADDRESS

Mercy

23C. DATE SIGNED

2/19/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

Feb. 13, 1952

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*FEB 21 1952**Huntington Williams, M.D.**Veronica J. Thomas* 4611 Park Heights Ave.

1931 31

RECEIVED BY THE SECRETARY OF THE
TREASURY DEPT. OF THE INTERIOR

1931 31



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

CARL B. BRUCE

2. DATE
OF
DEATH

Feb. 11, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE Florida

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE US Public Health Service Hospital

Wyman Pk. Drive & 31st St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Millville

D. STREET ADDRESS (If rural, give location)

Box 25

c. Length of stay in Baltimore

? 88 days

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

6/24/96

9. AGE (In years
last birthday)

55

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Welder

10B. KIND OF BUSINESS OR
INDUSTRY

Engineer Corps

11. BIRTHPLACE (State or foreign country)

Ga.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Harrison W. Bruce

14. MOTHER'S MAIDEN NAME

Martha Burns

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

?

?

16. SOCIAL
SECURITY NO.

264-20-7540

17. INFORMANT

ADDRESS

Records- US PHS Hospital, Balto, Md.

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A) Squamous cell carcinoma right naris
post irradiation, postoperative,
DUE TO with metastases to cervical lymph
nodes and lungs.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

? 1 yr.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

11/20/51

19B. MAJOR FINDINGS OF OPERATION

Extensive carcinoma

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (a. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 15, 1951, to Feb. 11, 1952, that I last saw the
deceased alive on Feb. 11, 1952, and that death occurred at 10:10P m., from the causes and on the date stated above.

23A. SIGNATURE

John L. Wilson, Medical Director

M. D.

23B. ADDRESS

US PHS Hospital, Balto, Md.

23C. DATE SIGNED

2/12/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

2-12-52

24C. NAME OF CEMETERY OR CREMATORY

Millersville

24D. LOCATION (City, town, or county) (State)

Panama City, Fla

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 13 1952

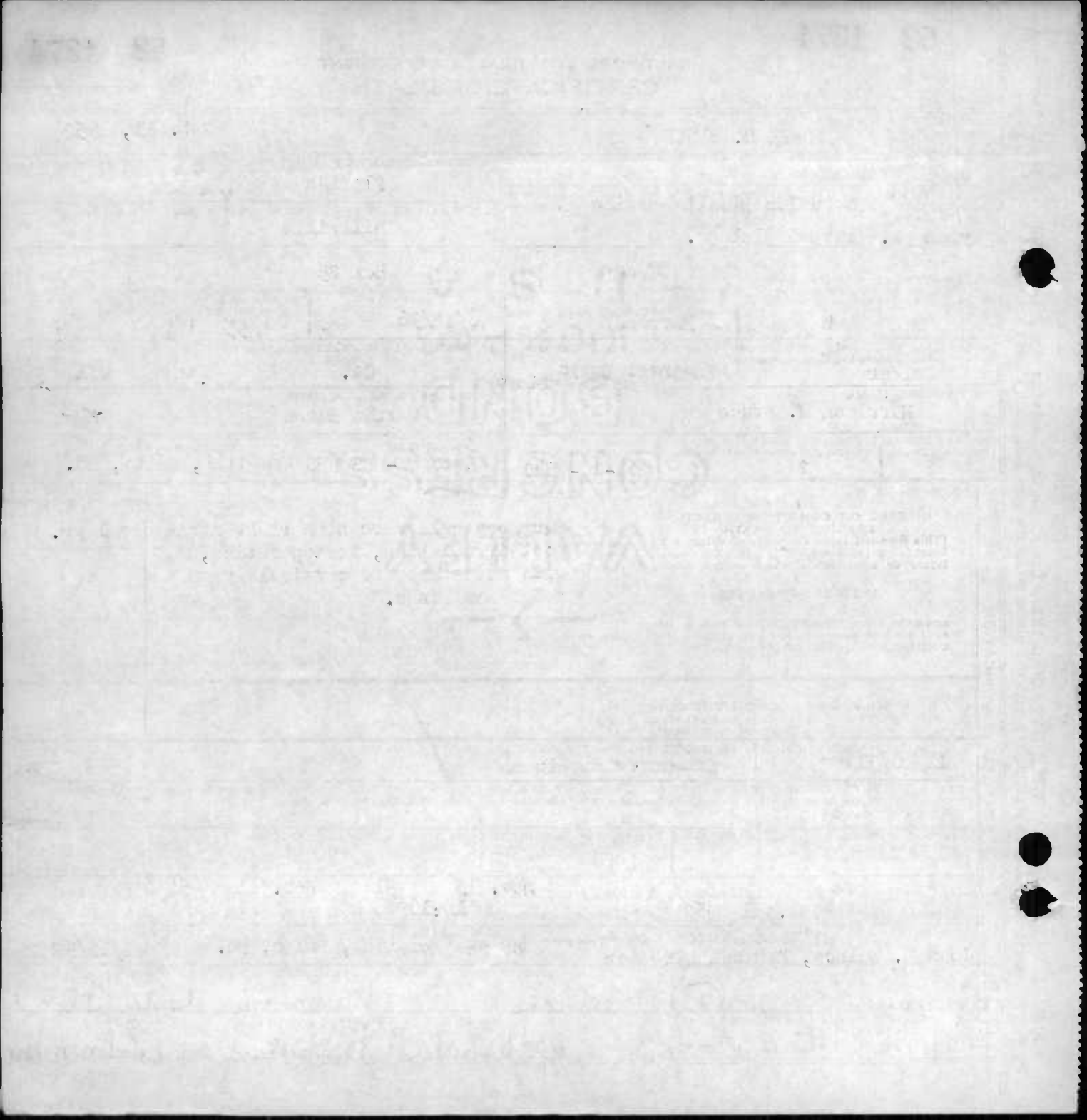
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

J. J. Williams 2503 Edmondson



E. 514

52 1375

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

52 1375

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

William J. Enfield

2. DATE
OF
DEATH

2-12-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Union Memorial Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Pylesville

MD

D. STREET ADDRESS (If rural, give location)

6200

c. Length of stay in Baltimore

67

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

1-8-1885

9. AGE (in years,
last birthday)

67

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Foreman Lumber Co

10B. KIND OF BUSINESS OR
INDUSTRY

Lumber

11. BIRTHPLACE (State or foreign country)

MD

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

James A. Enfield

14. MOTHER'S MAIDEN NAME

Rachel Ann Fletcher

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

Brother

ADDRESS

Same

18.

42211
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH(A) Myocardial Insufficiency
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Arterio sclerotic Cardio Vascular
DISEASE
DUE TO
(C) Generalized Arteriosclerosis

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-11 1952, to 2-12, 1952, that I last saw the
deceased alive on 2-12, 1952 and that death occurred at 9:30 m., from the causes and on the date stated above.

23A. SIGNATURE

William A. Anderson

23B. ADDRESS

Union Memorial Hosp.

23C. DATE SIGNED

2-12-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

2-16-52

24C. NAME OF CEMETERY OR CREMATORY

ST PAUL

24D. LOCATION (City, town, or county) (State)

PYLESVILLE, HANFORD CO, MD

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington, William A. Anderson

25. FUNERAL DIRECTOR

ADDRESS

F. W. Smith & Sons, 1200 S. E. St.

VS 150

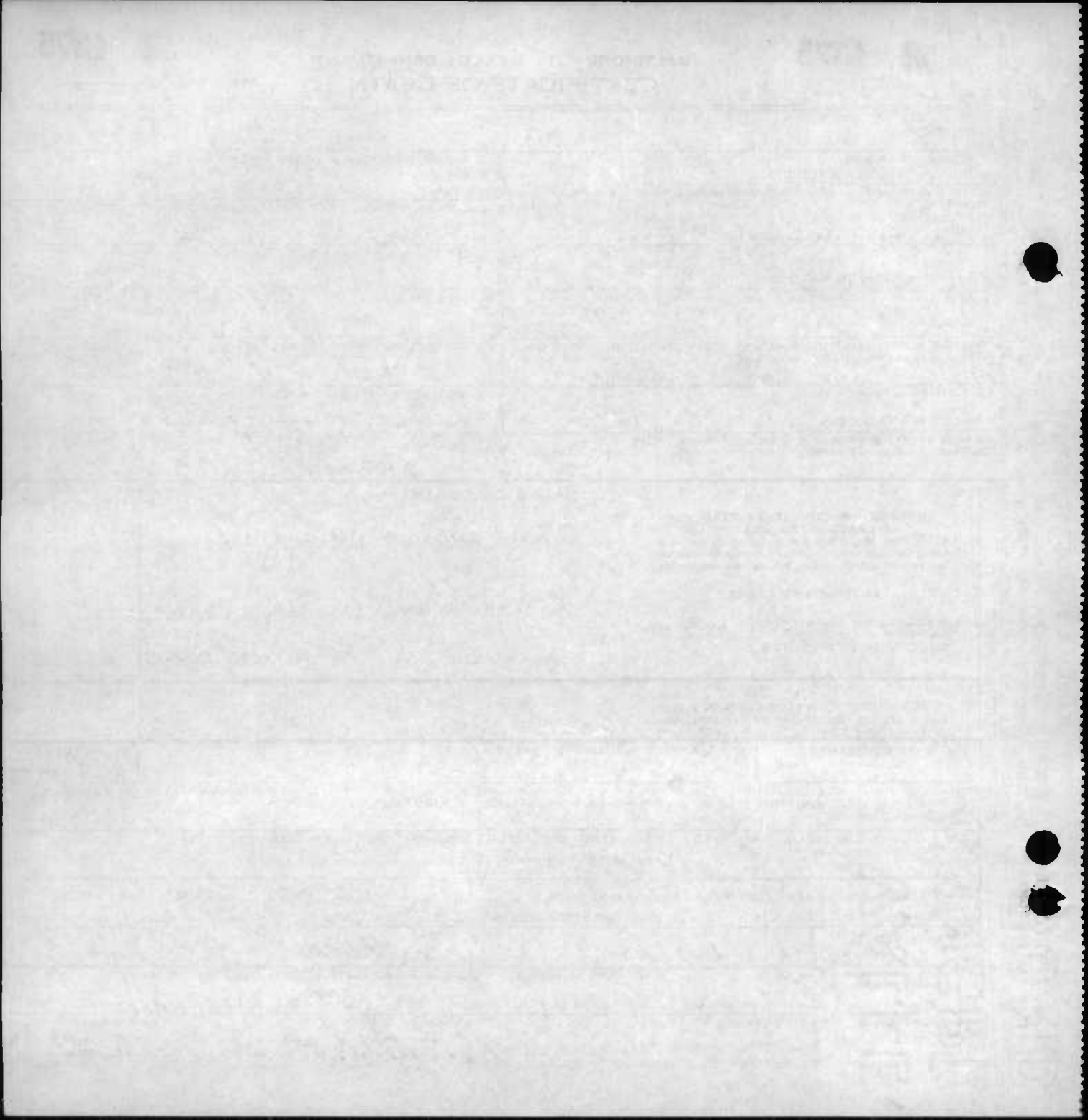
5236P

937

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



52 1376

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1376

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Dan McAllister

2. DATE
OF
DEATH

February 12, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

JSL-6

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

7-20-07

9. AGE (In years
last birthday)

44

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Farm Labor

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

VIRGINIA

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Thamson McAllister

14. MOTHER'S MAIDEN NAME

Elizabeth Jones

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18.

443 X 1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Thrombosis Cerebral Vessels

Hypertensive Cardiovascular
DiseasesINTERVAL BETWEEN
ONSET AND DEATH

24 hrs

2 years +

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-26, 1952, to 2-12, 1952, that I last saw the
deceased alive on 2-12, 1952, and that death occurred at 10:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Richard S. Ross

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

2/13/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Buried

24B. DATE

Feb 16 1952

24C. NAME OF CEMETERY OR CREMATORY

Fremont Pa.

24D. LOCATION (City, town, or county) (State)

Baltimore Lancaster Pa.

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 13 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. E. Tyson Rising Sun Md.

ADDRESS

VS 150

82010

935

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

THE JOHNS HOPKINS HOSPITAL

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print) **LIZZETTA (SADIE) THERESA MYERS**

2. DATE OF DEATH **Feb. 11, 1952**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE **Md.** B. COUNTY _____

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION **4308 Groveland Ave.**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

c. Length of stay in Baltimore
Yrs. _____
Mos. _____
Days _____

D. STREET ADDRESS (If rural, give location)
4308 Groveland Ave.

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Aug. 24, 1875

9. AGE (in years last birthday)

76

10 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Philip Haas

14. MOTHER'S MAIDEN NAME

Henrietta Wazther

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

no

17. INFORMANT

ADDRESS

Mr. Clarence H. Myers - 4308 Groveland Ave

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

Cardiac Failure

INTERVAL BETWEEN ONSET AND DEATH

2 weeks

DUE TO

Arteriosclerotic Cardiac - vascular disease

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. _____

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **Jan 31, 1952** to **Feb 11, 1952**, that I last saw the deceased alive on **Feb 9, 1952**, and that death occurred at **4 a. m.**, from the causes and on the date stated above.

23A. SIGNATURE

A. Allan Spier

23B. ADDRESS

4408 Loch Raven Blvd

23C. DATE SIGNED

12 Feb 52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/14/52

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR

FEB 13 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Gickner & Sons

ADDRESS

937 Balto. 17, Md.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-6252 1377

52 1377

CERTIFICATE OF DEATH

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BIRTH

SEX

RACE

EDUCATION

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BIRTH

SEX

RACE

EDUCATION

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BIRTH

SEX

RACE

EDUCATION

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

MARY ELIZABETH du BOIS

2. DATE
OF
DEATH

Feb. 10, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2803 Garrison Blvd.
Garrison Nursing Home

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

5504 South Bend Rd.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Feb. 19, 1870

9. AGE (in years last birthday)

81

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

England

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Cephas Duckworth

14. MOTHER'S MAIDEN NAME

- Needham

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. David Bien - 5504 South Bend Rd.

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

Cerebral Hemorrhage with hemiparesis (rt) 3 days

Hypertension Cardio-vascular

Renal disease

10 yrs.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 8, 1951, to Feb. 10, 1952 that I last saw the deceased alive on Feb. 9, 1952 and that death occurred at 4:30 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Lloyd E. Saylor

M. D.

23B. ADDRESS

3902 Greenmount Ave.

23C. DATE SIGNED

Feb. 12, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/13/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Wallis

25. FUNERAL DIRECTOR

Wm. J. Dickner & Sons

ADDRESS

131a Balto 17 Md.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

HENRIETTA GHENT

2. DATE
OF
DEATH

Feb. 12, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Woman's Hosp. of Md.

c. Length of stay in Baltimore

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3213 Frisby St.

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Apr. 17, 1891

9. AGE (In years
last birthday)

60

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

13. FATHER'S NAME

Emart F. Panetti

14. MOTHER'S MAIDEN NAME

Mary Amelia Mason

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. W. Gary Ghent-3213 Frisby St.

18.

331X I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

Cerebral hemorrhage - paralysis
left sideINTERVAL BETWEEN
ONSET AND DEATH

1 day 12 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Arteriosclerosis & hypertension

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 2/10, 1952, to 2/11, 1952, that I last saw the
deceased alive on 2/11, 1952, and that death occurred at 12 P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Woodlawn Cem.

Woodlawn, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 13 1952

Huntington Williams, M.D.

Mrs. J. Dickerson & Sons

1934

RECEIVED
OFFICE OF THE
TREASURER

1934

RECEIVED
OFFICE OF THE
TREASURER

Order for money - \$100.00
for the purpose of
the purchase of supplies

for the purpose of
the purchase of supplies
for the purpose of
the purchase of supplies

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

262 1380

VMC-116895

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1380

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Oscar DeCorse

2. DATE
OF
DEATH

2-11-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

Balto.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Baltimore City Hospitals

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

31 4940 Eastern Avenue

D. STREET ADDRESS (If rural, give location)

332 Whitfield Rd.

c. Length of stay in Baltimore

Life

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Separated

8. DATE OF BIRTH

March 2, 1882

9. AGE (in years
last birthday)

69

10 Under 1 Year
Months: Days

11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Mgr. Harford Co. Div

10B. KIND OF BUSINESS OR
INDUSTRY

Telephone Co.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Thomas M. DeCorse

14. MOTHER'S MAIDEN NAME

Laura D. Wicker

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT ADDRESS
Records-Baltimore City Hospitals
4940 Eastern Avenue

18.

491 x 92nd 177x
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Broncho Pneumonitis

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

1 week

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Metastatic Carcinoma of Prostate

Undetermined

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from 1-26, 1948, to 2-11, 1952, that I last saw the
deceased alive on 2-11, 1952, and that death occurred at 7:45 P. M., from the causes and on the date stated above.

23A. SIGNATURE

J. L. Croger

23B. ADDRESS

M. D. 4940 Eastern Ave., Balto., Md.

23C. DATE SIGNED

2-12-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/14/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 13 1952 Huntington Williams & Son 24 N. 7. Sicker & Sons
290 5A Balto 17 Md 51B

VS 150

0280

STATE OF ALABAMA
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. NAME OF DECEASED		2. SEX		3. AGE		4. DATE OF BIRTH	
5. PLACE OF BIRTH		6. OCCUPATION		7. MARITAL STATUS		8. EDUCATION	
9. PRESENT ADDRESS		10. DATE OF DEATH		11. TIME OF DEATH		12. PLACE OF DEATH	
13. CAUSE OF DEATH		14. MANNER OF DEATH		15. SIGNATURE OF PHYSICIAN		16. SIGNATURE OF REGISTRAR	
17. SIGNATURE OF WITNESSES		18. SIGNATURE OF CORONER		19. SIGNATURE OF JURY		20. SIGNATURE OF JUDGE	
21. SIGNATURE OF CLERK		22. SIGNATURE OF SHERIFF		23. SIGNATURE OF SHERIFF'S DEPUTY		24. SIGNATURE OF SHERIFF'S CLERK	
25. SIGNATURE OF SHERIFF'S CLERK		26. SIGNATURE OF SHERIFF'S CLERK		27. SIGNATURE OF SHERIFF'S CLERK		28. SIGNATURE OF SHERIFF'S CLERK	
29. SIGNATURE OF SHERIFF'S CLERK		30. SIGNATURE OF SHERIFF'S CLERK		31. SIGNATURE OF SHERIFF'S CLERK		32. SIGNATURE OF SHERIFF'S CLERK	
33. SIGNATURE OF SHERIFF'S CLERK		34. SIGNATURE OF SHERIFF'S CLERK		35. SIGNATURE OF SHERIFF'S CLERK		36. SIGNATURE OF SHERIFF'S CLERK	
37. SIGNATURE OF SHERIFF'S CLERK		38. SIGNATURE OF SHERIFF'S CLERK		39. SIGNATURE OF SHERIFF'S CLERK		40. SIGNATURE OF SHERIFF'S CLERK	
41. SIGNATURE OF SHERIFF'S CLERK		42. SIGNATURE OF SHERIFF'S CLERK		43. SIGNATURE OF SHERIFF'S CLERK		44. SIGNATURE OF SHERIFF'S CLERK	
45. SIGNATURE OF SHERIFF'S CLERK		46. SIGNATURE OF SHERIFF'S CLERK		47. SIGNATURE OF SHERIFF'S CLERK		48. SIGNATURE OF SHERIFF'S CLERK	
49. SIGNATURE OF SHERIFF'S CLERK		50. SIGNATURE OF SHERIFF'S CLERK		51. SIGNATURE OF SHERIFF'S CLERK		52. SIGNATURE OF SHERIFF'S CLERK	
53. SIGNATURE OF SHERIFF'S CLERK		54. SIGNATURE OF SHERIFF'S CLERK		55. SIGNATURE OF SHERIFF'S CLERK		56. SIGNATURE OF SHERIFF'S CLERK	
57. SIGNATURE OF SHERIFF'S CLERK		58. SIGNATURE OF SHERIFF'S CLERK		59. SIGNATURE OF SHERIFF'S CLERK		60. SIGNATURE OF SHERIFF'S CLERK	
61. SIGNATURE OF SHERIFF'S CLERK		62. SIGNATURE OF SHERIFF'S CLERK		63. SIGNATURE OF SHERIFF'S CLERK		64. SIGNATURE OF SHERIFF'S CLERK	
65. SIGNATURE OF SHERIFF'S CLERK		66. SIGNATURE OF SHERIFF'S CLERK		67. SIGNATURE OF SHERIFF'S CLERK		68. SIGNATURE OF SHERIFF'S CLERK	
69. SIGNATURE OF SHERIFF'S CLERK		70. SIGNATURE OF SHERIFF'S CLERK		71. SIGNATURE OF SHERIFF'S CLERK		72. SIGNATURE OF SHERIFF'S CLERK	
73. SIGNATURE OF SHERIFF'S CLERK		74. SIGNATURE OF SHERIFF'S CLERK		75. SIGNATURE OF SHERIFF'S CLERK		76. SIGNATURE OF SHERIFF'S CLERK	
77. SIGNATURE OF SHERIFF'S CLERK		78. SIGNATURE OF SHERIFF'S CLERK		79. SIGNATURE OF SHERIFF'S CLERK		80. SIGNATURE OF SHERIFF'S CLERK	
81. SIGNATURE OF SHERIFF'S CLERK		82. SIGNATURE OF SHERIFF'S CLERK		83. SIGNATURE OF SHERIFF'S CLERK		84. SIGNATURE OF SHERIFF'S CLERK	
85. SIGNATURE OF SHERIFF'S CLERK		86. SIGNATURE OF SHERIFF'S CLERK		87. SIGNATURE OF SHERIFF'S CLERK		88. SIGNATURE OF SHERIFF'S CLERK	
89. SIGNATURE OF SHERIFF'S CLERK		90. SIGNATURE OF SHERIFF'S CLERK		91. SIGNATURE OF SHERIFF'S CLERK		92. SIGNATURE OF SHERIFF'S CLERK	
93. SIGNATURE OF SHERIFF'S CLERK		94. SIGNATURE OF SHERIFF'S CLERK		95. SIGNATURE OF SHERIFF'S CLERK		96. SIGNATURE OF SHERIFF'S CLERK	
97. SIGNATURE OF SHERIFF'S CLERK		98. SIGNATURE OF SHERIFF'S CLERK		99. SIGNATURE OF SHERIFF'S CLERK		100. SIGNATURE OF SHERIFF'S CLERK	

B-452 1381

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1381

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

MARGARET C. BOLLINGER

2. DATE
OF
DEATH

Feb. 11, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE
Md.

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

46 E. Lake Ave.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

46 E. Lake Ave.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Aug. 10, 1904

9. AGE (In years last birthday)

47

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Robert Cadden

14. MOTHER'S MAIDEN NAME

Margaret O'Conner

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Michael J. Bollinger - 46 E. Lake Ave.

18.

190X 1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Malignant Melanoma

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER- Lying ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 1951, to Feb. 11th, 1952 that I last saw the deceased alive on Feb 10th, 1952, and that death occurred at 5 P. M., from the causes and on the date stated above.

23A. SIGNATURE

William H. Frosting

M. D.

23B. ADDRESS

11 E. Chase St.

23C. DATE SIGNED

2-12-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/11/52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 13 1952

William H. Frosting

Wm. J. Lickner & Sons

VS 150

53 Balto 17 Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

IDENTIFICATION AND REPORT
DEATH

1981

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

MANNER OF DEATH

IDENTIFICATION

REPORT

DEATH

DEATH

DEATH

DEATH

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DEATH

1921

1921

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

1921

1921

1921

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) FLOY B. HART (MRS ROBERT LEE) 2. DATE OF DEATH 2-11-52

3. PLACE OF DEATH:
A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
A. STATE MD. B. COUNTY _____

B. FULL NAME OF (If not in hospital or institution, give street address or location)
44 UNION MEMORIAL HOSPITAL C. CITY OR TOWN (If outside corporate limits, give RURAL and give township)
BALTIMORE D. STREET ADDRESS (If rural, give location)
910 W. UNIVERSITY PARKWAY

c. Length of stay in Baltimore ? Yrs. None Days None

5. SEX F 6. COLOR OR RACE W 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W 8. DATE OF BIRTH 9-20-'77 9. AGE (In years last birthday) 74 10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE 10B. KIND OF BUSINESS OR INDUSTRY - 11. BIRTHPLACE (State or foreign country) Virginia 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME MR. CHARLES E. BRADON 14. MOTHER'S MAIDEN NAME MARY MOORE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) - (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. NONE 17. INFORMANT ADDRESS
MRS. PARRELL HOOLITZELL 910 W. UNIVERSITY PKY

18. 420.0 CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) MYOCARDIAL INFARCTION DUE TO
INTERVAL BETWEEN ONSET AND DEATH ?
ANTECEDENT CAUSES
(B) ARTERIOSCLEROTIC HEART DISEASE DUE TO
INTERVAL BETWEEN ONSET AND DEATH ?
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(C) _____
II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 2-11-52 19B. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐ 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____ 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____ 21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ WORK AT WORK ☐ 21F. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 2-11, 1952, to 2-11, 1952, that I last saw the deceased alive on 2-11, 1952, and that death occurred at 7:00 P.m., from the causes and on the date stated above.

23A. SIGNATURE Richard R. Burk 23B. ADDRESS Union Memorial Hospital 23C. DATE SIGNED 2-11-52

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24B. DATE 2/13/52 24C. NAME OF CEMETERY OR CREMATORY WOODLAWN CEM 24D. LOCATION (City, town, or county) (State) PIKESVILLE MD

DATE RECEIVED BY LOCAL REGISTRAR FEB 13 1952 REGISTRAR'S SIGNATURE Huntington Williams 25. FUNERAL DIRECTOR ADDRESS Wm. J. Schaefer's Son Inc Baltimore

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

1201 32

1201 32

DEPARTMENT OF THE ARMY
HEADQUARTERS
WASHINGTON, D. C.

1. NAME (Last, First, Middle Initial)		2. GRADE OR RATE	
3. SERVICE NUMBER		4. DATE OF BIRTH	
5. PLACE OF BIRTH		6. DATE OF ENTRY INTO SERVICE	
7. DATE OF EXPIRATION OF SERVICE		8. DATE OF DEATH	
9. PLACE OF DEATH		10. CAUSE OF DEATH	
11. DATE OF BURIAL		12. PLACE OF BURIAL	
13. NAME OF BURIAL PLACE		14. GRAVE NUMBER	
15. NAME OF NEXT OF KIN		16. ADDRESS OF NEXT OF KIN	
17. NAME OF WITNESS		18. ADDRESS OF WITNESS	
19. NAME OF OFFICER		20. ADDRESS OF OFFICER	
21. NAME OF CHAPLAIN		22. ADDRESS OF CHAPLAIN	
23. NAME OF MINISTER		24. ADDRESS OF MINISTER	
25. NAME OF CLERGYMAN		26. ADDRESS OF CLERGYMAN	
27. NAME OF RABBI		28. ADDRESS OF RABBI	
29. NAME OF PASTOR		30. ADDRESS OF PASTOR	
31. NAME OF MINISTER		32. ADDRESS OF MINISTER	
33. NAME OF CLERGYMAN		34. ADDRESS OF CLERGYMAN	
35. NAME OF RABBI		36. ADDRESS OF RABBI	
37. NAME OF PASTOR		38. ADDRESS OF PASTOR	
39. NAME OF MINISTER		40. ADDRESS OF MINISTER	
41. NAME OF CLERGYMAN		42. ADDRESS OF CLERGYMAN	
43. NAME OF RABBI		44. ADDRESS OF RABBI	
45. NAME OF PASTOR		46. ADDRESS OF PASTOR	
47. NAME OF MINISTER		48. ADDRESS OF MINISTER	
49. NAME OF CLERGYMAN		50. ADDRESS OF CLERGYMAN	
51. NAME OF RABBI		52. ADDRESS OF RABBI	
53. NAME OF PASTOR		54. ADDRESS OF PASTOR	
55. NAME OF MINISTER		56. ADDRESS OF MINISTER	
57. NAME OF CLERGYMAN		58. ADDRESS OF CLERGYMAN	
59. NAME OF RABBI		60. ADDRESS OF RABBI	
61. NAME OF PASTOR		62. ADDRESS OF PASTOR	
63. NAME OF MINISTER		64. ADDRESS OF MINISTER	
65. NAME OF CLERGYMAN		66. ADDRESS OF CLERGYMAN	
67. NAME OF RABBI		68. ADDRESS OF RABBI	
69. NAME OF PASTOR		70. ADDRESS OF PASTOR	
71. NAME OF MINISTER		72. ADDRESS OF MINISTER	
73. NAME OF CLERGYMAN		74. ADDRESS OF CLERGYMAN	
75. NAME OF RABBI		76. ADDRESS OF RABBI	
77. NAME OF PASTOR		78. ADDRESS OF PASTOR	
79. NAME OF MINISTER		80. ADDRESS OF MINISTER	
81. NAME OF CLERGYMAN		82. ADDRESS OF CLERGYMAN	
83. NAME OF RABBI		84. ADDRESS OF RABBI	
85. NAME OF PASTOR		86. ADDRESS OF PASTOR	
87. NAME OF MINISTER		88. ADDRESS OF MINISTER	
89. NAME OF CLERGYMAN		90. ADDRESS OF CLERGYMAN	
91. NAME OF RABBI		92. ADDRESS OF RABBI	
93. NAME OF PASTOR		94. ADDRESS OF PASTOR	
95. NAME OF MINISTER		96. ADDRESS OF MINISTER	
97. NAME OF CLERGYMAN		98. ADDRESS OF CLERGYMAN	
99. NAME OF RABBI		100. ADDRESS OF RABBI	

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2152 1384

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1384

Registered No. _____

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) <i>Emmal V. Jacob</i>	
2. DATE OF DEATH <i>Feb. 16, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Med. Dep 3</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>	
C. Length of stay in Baltimore Yrs. Mos. Days	
4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>md</i> B. COUNTY	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
D. STREET ADDRESS (If rural, give location) <i>2714 Westfield Ave</i>	
5. SEX <i>Female</i>	
6. COLOR OR RACE <i>White</i>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	
8. DATE OF BIRTH <i>8-23-1883</i>	
9. AGE (In years last birthday) <i>68</i>	
10. A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	
10B. KIND OF BUSINESS OR INDUSTRY <i>at home</i>	
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	
12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Alexander Rozmover</i>	
14. MOTHER'S MAIDEN NAME <i>Mary Causey</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>no</i>	
16. SOCIAL SECURITY NO.	
17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	

18. <i>331X</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>arteriosclerosis, hypertension</i>		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH <i>?</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Cerebrovascular accident</i>		DUE TO	<i>18 hours</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <i>2-10-52</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>2-10-</i> , 19 <i>52</i> to <i>2-11-</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>2-11-</i> , 19 <i>52</i> and that death occurred at <i>12:50 AM</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>John Callahan</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>2/11/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>2/14/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Druid Ridge Cem.</i>	
24D. LOCATION (City, town, or county) <i>Pikesville, Md.</i>		24E. FUNERAL DIRECTOR <i>Thos. J. & Helen V. Lewis</i>		24F. ADDRESS <i>832 Batho Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 13 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR ADDRESS	

THE JOHNS HOPKINS HOSPITAL

MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

52 1385		BALTIMORE CITY HEALTH DEPARTMENT		52 1385	
S-165		CERTIFICATE OF DEATH		Registered No.	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) ARTHUR OTTO SCHUBRING			2. DATE OF DEATH 2/11/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MD. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 3208 E. FAIRMOUNT AVE			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 26-10		
c. Length of stay in Baltimore 25 Yrs. Days			D. STREET ADDRESS (If rural, give location) 3208 E. FAIRMOUNT AVE		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH MARCH 2, 1885	9. AGE (In years last birthday) 66	10 Under 1 Year Months: Days: 11 Under 24 Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PAINTER		10B. KIND OF BUSINESS OR INDUSTRY Hospital Work		11. BIRTHPLACE (State or foreign country) SAUX CITY, WISCONSIN	
13. FATHER'S NAME August Schubring		14. MOTHER'S MAIDEN NAME Unknown		12. CITIZEN OF WHAT COUNTRY? USA.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. 217-07-387A		17. INFORMANT Mrs. ARTHUR SCHUBRING ADDRESS SAME	
18. 162 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) CARCINOMA OF LUNG DUE TO E METASTASIS. (B) DUE TO (C) GENERALIZED ARTERIOSCLEROSIS			INTERVAL BETWEEN ONSET AND DEATH 14 YRS.		
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION		
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from SEPT 1, 1950 to FEB. 11, 1952 that I last saw the deceased alive on FEB. 11, 1952 and that death occurred at 9 A. m. , from the causes and on the date stated above.					
23A. SIGNATURE Henry J. Houska M. D.		23B. ADDRESS 333 S. EAST AVE		23C. DATE SIGNED 2/11/52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 2/13/52		24C. NAME OF CEMETERY OR CREMATORY Baltimore Cemetery	
24D. LOCATION (City, town, or county) Baltimore, Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR FEB 13 1952		24F. REGISTRAR'S SIGNATURE Huntington Williams	
24G. FUNERAL DIRECTOR James Mc Jones		24H. ADDRESS 4001 Ritchie Hwy		24I. 5648T	

25 1883

CERTIFICATE OF DEATH

NAME OF DECEASED

AGE

SEX

DATE OF DEATH

PLACE OF DEATH

Cause of Death

Signature of Physician

Signature of Registrar

Signature of Coroner

Signature of Minister

Signature of Justice

Signature of Sheriff

Signature of Constable

Signature of Undertaker

Signature of Burial

Signature of Interment

Signature of Burial

162
52 1386BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1386
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LOUISE EBERS BERGER

2. DATE
OF
DEATH

Feb. 10, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md

Anne Arundel

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)Lutheran Hospital of Md.
46 Baltimore 16, Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

5200

D. STREET ADDRESS (If rural, give location)

4500 Ritchie Hwy.

c. Length of stay in Baltimore

63

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Jan. 2, 1889

9. AGE (in years
last birthday)

63

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Lips

14. MOTHER'S MAIDEN NAME

Louise Krause

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Howard Chersbeger, 301 Park Ave

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A)

DUE TO

Rheumatic mitral & aortic
valvular disease

(B)

DUE TO

Marked heart failure
Pulmonary congestion, Pleural
effusion, anoxiaINTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., io or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 9, 1952, to Feb. 10, 1952, that I last saw the
deceased alive on Feb. 10, 1952, and that death occurred at 7:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Drs C. Macapangan

M. D.

23B. ADDRESS

Lutheran Hosp. of Md.

23C. DATE SIGNED

Feb. 10, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

2/13/52

24C. NAME OF CEMETERY OR CREMATORY

Cedar Hill Cem Anne Arundel Co. Md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Horne & Lyons, 54001 Ritchie Hwy

ADDRESS

2021

25

2021

RECEIVED

NEW YORK

AMERICAN
COUNCIL
ON
EDUCATION
WASHINGTON

B-6082 1387

52 1387

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Charles George Barry

2. DATE
OF
DEATH

2/11/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

26-02

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

4610 Mannasota Ave

C. CITY OR TOWN

Balto.

D. STREET ADDRESS (If rural, give location)

4610 Mannasota Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

3/9/1898

9. AGE (In years last birthday)

53

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Late Clerk

10B. KIND OF BUSINESS OR INDUSTRY

B & O R.R.

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Barry

14. MOTHER'S MAIDEN NAME

Bridget Gray

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Ada M. Barry 4610 Mannasota Ave

18.

331X-1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Cerebral Hemorrhage

1 hr

ANTECEDENT CAUSES

(B) DUE TO

Atherosclerosis
Hypertension

1 mo

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C) DUE TO

Bronchopneumonia

1 mo 14 d

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

NOT WHILE

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 11, 1952, to Feb 11, 1952, that I last saw the deceased alive on Feb 10, 1952, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

Thomas F. Skovron

M. D.

23B. ADDRESS

2898 Harford Rd

23C. DATE SIGNED

2-8-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/14/52

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county)

Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

1217 St. Paul St.

FEB 13 1952

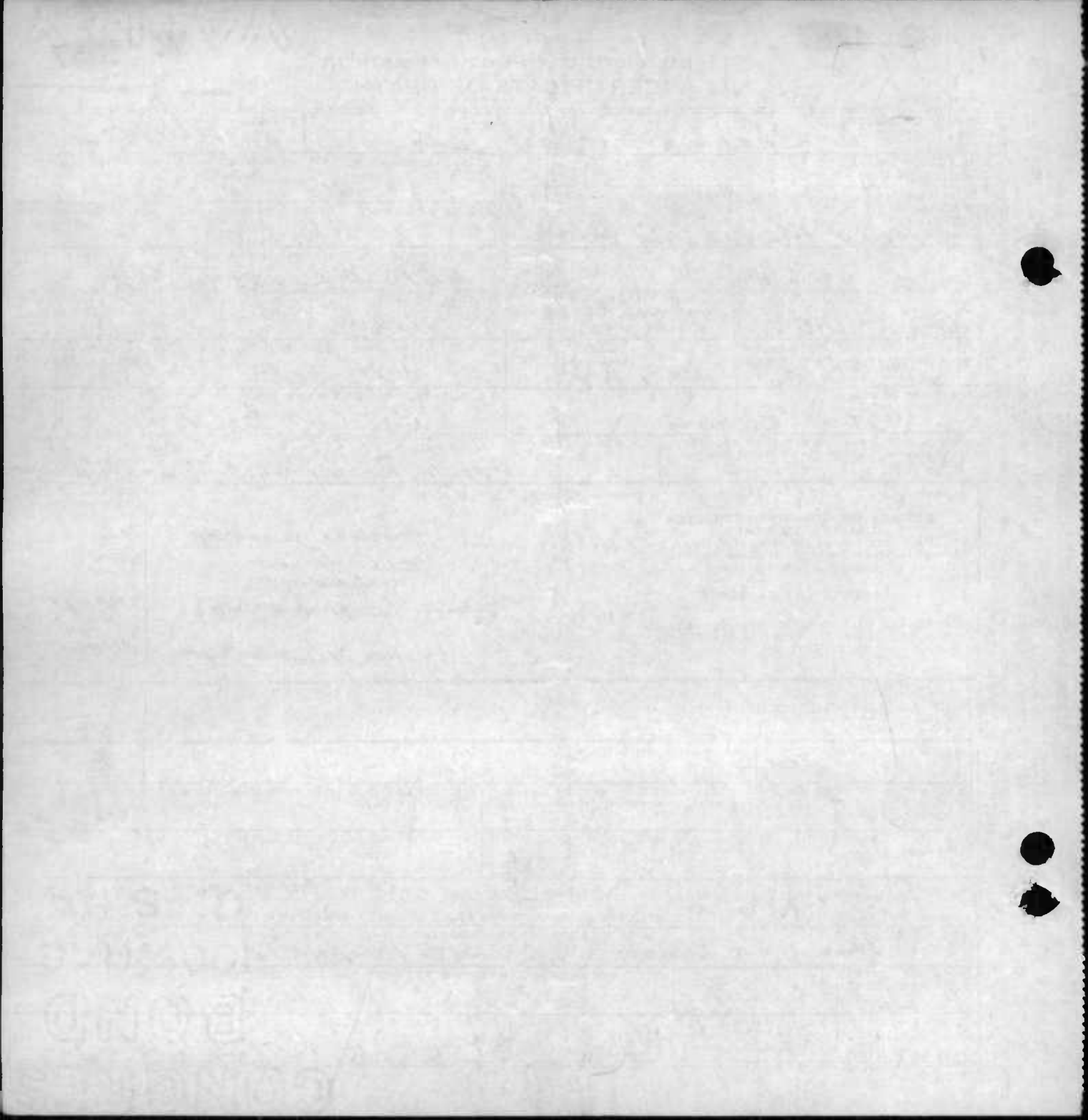
VS 150

390 50

131a

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



K-3092 1388

CERTIFICATE CORRECTED

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52 1388
Registered No.

BIRTH NO.			2. DATE OF DEATH February 11, 1952		
1. NAME OF DECEASED (Type or Print) JAMES A. KOTHE			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
3. PLACE OF DEATH: A. Baltimore City, Maryland			C. CITY OR TOWN (If outside corporate limits, give RURAL and give township) Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital			D. STREET ADDRESS (If rural, give location) 1118 Barclay Street		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____					
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH March 5, 1883	9. AGE (In years last birthday) 68	If Under 1 Year: Months _____ Days _____ If Under 24 Hours: Hours _____ Min. _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman - Sanitation Dept. Baltimore City			11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Charles A. Kothe			14. MOTHER'S MAIDEN NAME Ellen J. Stevenson		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs. Anna Goodman, 4523 Finney Avenue		

18. **470.1** CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Coronary occlusion**
Myocardial infarct

ANTECEDENT CAUSES

(B) **Rupture of heart**
Hemopericardium

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>B. F. Fisher</i>		M.D. 23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED Feb. 11, 1952	

24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 2/13/52	24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore, Maryland
DATE RECEIVED BY LOCAL REGISTRAR FEB 13 1952		25. FUNERAL DIRECTOR ADDRESS Wm. C. Cook, Inc. 1217 St. Paul Street	

1938

1938

BALTIMORE CITY HEALTH DEPARTMENT

1938

1938

CERTIFICATE OF DEATH

Highland 20

1. NAME OF DECEASED JAMES M. MURPHY		2. SEX Male	
3. AGE 45		4. RACE White	
5. PLACE OF BIRTH Baltimore, Maryland		6. DATE OF BIRTH Jan 15, 1893	
7. CITY AND COUNTY Baltimore, Maryland		8. STREET ADDRESS 1234 North Avenue	
9. DECEASED'S RESIDENCE 1234 North Avenue		10. DECEASED'S OCCUPATION Salesman	
11. DECEASED'S MARITAL STATUS Married		12. DECEASED'S RELIGION Roman Catholic	
13. DECEASED'S EDUCATION High School		14. DECEASED'S SERVICE None	
15. DECEASED'S PREVIOUS ILLNESS None		16. DECEASED'S PREVIOUS SURGERY None	
17. DECEASED'S PREVIOUS TRAUMA None		18. DECEASED'S PREVIOUS TOXICITY None	
19. DECEASED'S PREVIOUS INFECTION None		20. DECEASED'S PREVIOUS ALLERGY None	
21. DECEASED'S PREVIOUS DRUGS None		22. DECEASED'S PREVIOUS ALCOHOL None	
23. DECEASED'S PREVIOUS TObacco None		24. DECEASED'S PREVIOUS OTHER None	
25. CAUSE OF DEATH Myocardial Infarction			
26. ILLNESS OR INJURY PRECEDING DEATH None			
27. TIME OF DEATH 10:00 AM			
28. PLACE OF DEATH Home			
29. SIGNATURE OF PHYSICIAN J. M. Smith			
30. SIGNATURE OF DECEASED'S NEXT OF KIN J. M. Smith			
31. SIGNATURE OF DECEASED'S WITNESS J. M. Smith			
32. SIGNATURE OF DECEASED'S ATTORNEY J. M. Smith			
33. SIGNATURE OF DECEASED'S MINISTER J. M. Smith			
34. SIGNATURE OF DECEASED'S CHURCH J. M. Smith			
35. SIGNATURE OF DECEASED'S FUNERAL HOME J. M. Smith			
36. SIGNATURE OF DECEASED'S BURIAL PLACE J. M. Smith			
37. SIGNATURE OF DECEASED'S CEMETERY J. M. Smith			
38. SIGNATURE OF DECEASED'S INTERMENT J. M. Smith			
39. SIGNATURE OF DECEASED'S CREMATION J. M. Smith			
40. SIGNATURE OF DECEASED'S OTHER J. M. Smith			

1. NAME OF DECEASED
2. SEX
3. AGE
4. RACE
5. PLACE OF BIRTH
6. DATE OF BIRTH
7. CITY AND COUNTY
8. STREET ADDRESS
9. DECEASED'S RESIDENCE
10. DECEASED'S OCCUPATION
11. DECEASED'S MARITAL STATUS
12. DECEASED'S RELIGION
13. DECEASED'S EDUCATION
14. DECEASED'S SERVICE
15. DECEASED'S PREVIOUS ILLNESS
16. DECEASED'S PREVIOUS SURGERY
17. DECEASED'S PREVIOUS TRAUMA
18. DECEASED'S PREVIOUS TOXICITY
19. DECEASED'S PREVIOUS INFECTION
20. DECEASED'S PREVIOUS ALLERGY
21. DECEASED'S PREVIOUS DRUGS
22. DECEASED'S PREVIOUS ALCOHOL
23. DECEASED'S PREVIOUS TObacco
24. DECEASED'S PREVIOUS OTHER
25. CAUSE OF DEATH
26. ILLNESS OR INJURY PRECEDING DEATH
27. TIME OF DEATH
28. PLACE OF DEATH
29. SIGNATURE OF PHYSICIAN
30. SIGNATURE OF DECEASED'S NEXT OF KIN
31. SIGNATURE OF DECEASED'S WITNESS
32. SIGNATURE OF DECEASED'S ATTORNEY
33. SIGNATURE OF DECEASED'S MINISTER
34. SIGNATURE OF DECEASED'S CHURCH
35. SIGNATURE OF DECEASED'S FUNERAL HOME
36. SIGNATURE OF DECEASED'S BURIAL PLACE
37. SIGNATURE OF DECEASED'S CEMETERY
38. SIGNATURE OF DECEASED'S INTERMENT
39. SIGNATURE OF DECEASED'S CREMATION
40. SIGNATURE OF DECEASED'S OTHER

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

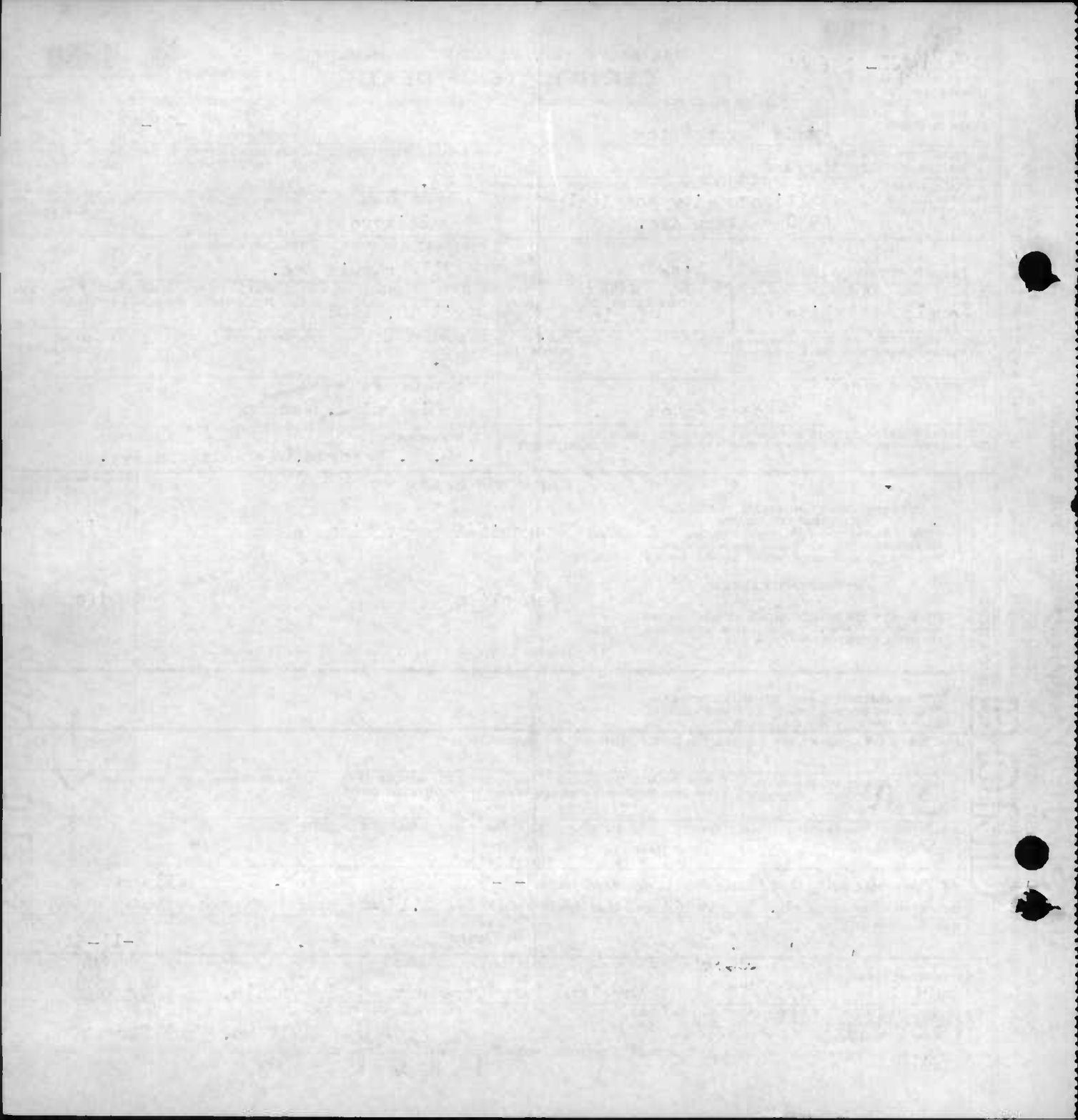
Registered No.

52 1389
50 JL-156444
BIRTH NO. 48-88206

52 1389

1. NAME OF DECEASED (Type or Print) Lynda Karen Eaton			2. DATE OF DEATH 2-11-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY 9-03		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 911 McKewin Ave.		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH April 10, 1948		9. AGE (in years last birthday) 3
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Thomas Eaton			14. MOTHER'S MAIDEN NAME Mildred J. Jenkins		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS B. C. H. Records, 4940 Eastern Ave.		

18. 754.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Congenital Heart Disease DUE TO (B) Mongolism DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH Life Life
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 2-9-52 , 19 52 , to Feb. 11 , 19 52 , that I last saw the deceased alive on Feb. 11 , 19 52 and that death occurred at 8.15AM , from the causes and on the date stated above.		
23A. SIGNATURE J. B. Crozer M. D.	23B. ADDRESS 4940 Eastern Ave.	23C. DATE SIGNED 2-11-52
24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 2/14/52	24C. NAME OF CEMETERY OR CREMATORY Moreland Park Cemetery
24D. LOCATION (City, town, or county) Parkville, Maryland		24E. (State)
DATE RECEIVED BY LOCAL REGISTRAR FEB 13 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR ADDRESS 1217 St. Paul Street



A-5392 1390

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1390
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Dessie Violet Amiot

2. DATE
OF
DEATH

2/11/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

B. COUNTY

before admission)

Md.

8-07

B. FULL NAME OF (If not in hospital or institution, give street address or location)

1506 1/2 N. Gay st.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1506 1/2 N. Gay st.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, ~~DIVORCED~~ (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months; DaysIf Under 24 Hours
Hours; Min.

Female

White

Widowed

10/9/1879

72

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

Delaware Ontario

13. FATHER'S NAME

Charles Farrell

14. MOTHER'S MAIDEN NAME

Ellen Lambourn

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Lillie Beyerlein 1506 1/2 N. Gay st

18.

420.11
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

(A)

Acute Coronary Infarction

DUE TO

(B)

Ch Coronary Sclerosis

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from 1/2 1949, to 2/8 1952, that I last saw the
deceased alive on 1/8 1952, and that death occurred at 7A m. from the causes and on the date stated above.

23. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

A. H. Hornstein

M. D.

204 E. Biddle St

2/10/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

2/14/52

Cathedral

Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 13 1952

Huntington Williams, M.D.

202 Oak Inc. 1217 St. Paul St.

VS 150

94a

1007

WATLEY
UNIVERSITY
BOND
100% COTTON
100% COTTON

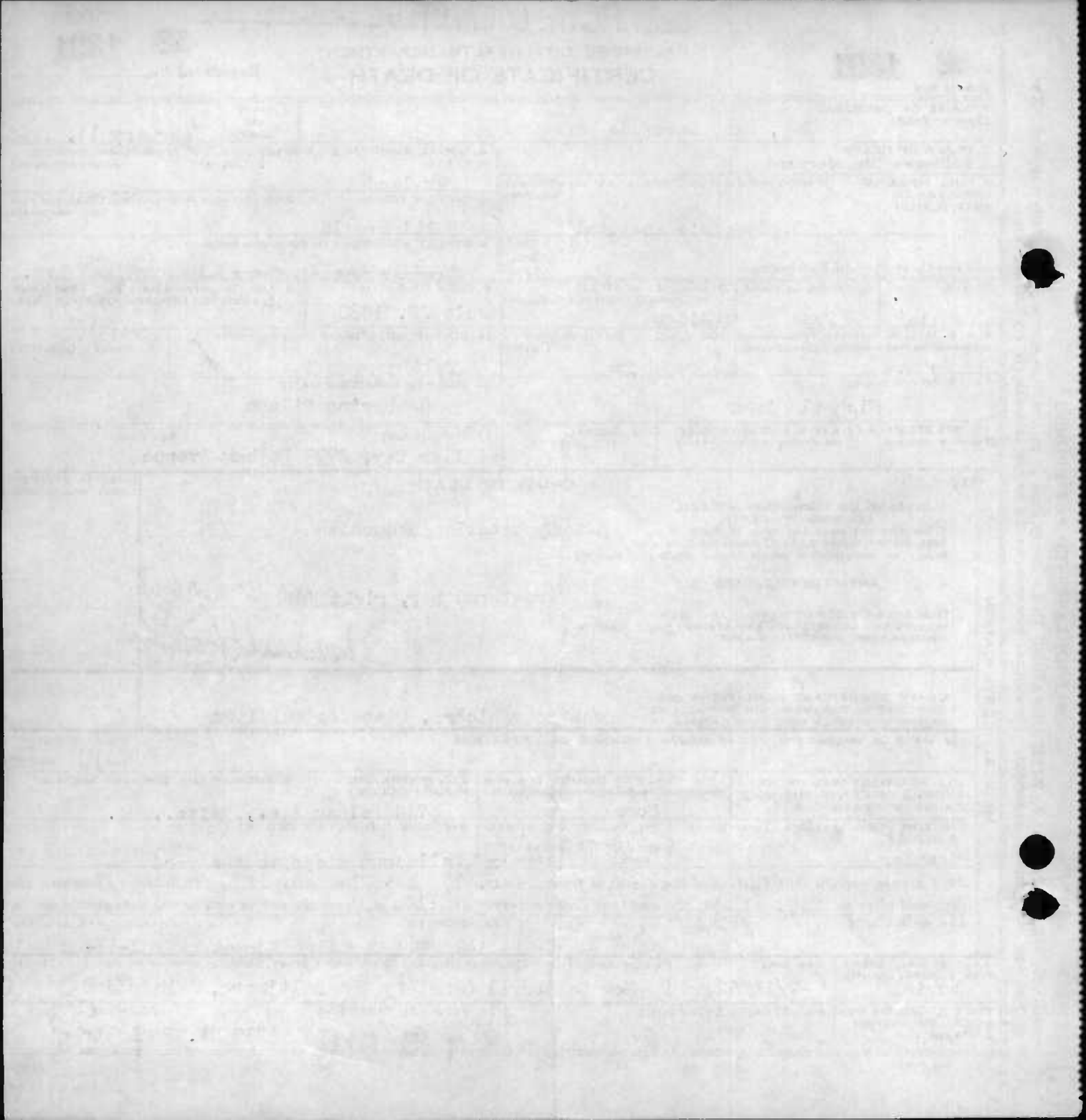
MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2-20-52		52 1391	
TO BE APPROVED BY MEDICAL EXAMINER		BALTIMORE CITY HEALTH DEPARTMENT	
BIRTH NO.		CERTIFICATE OF DEATH	
1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Ray, Mary Gertrude		February 11, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
B. FULL NAME OF HOSPITAL OR INSTITUTION 41 St. Joseph's Hospital		A. STATE Maryland	
C. Length of stay in Baltimore		C. CITY OR TOWN Baltimore 13	
5. SEX Female		D. STREET ADDRESS (If rural, give location) 2723 Pelham Avenue 3416 Parklawn Ave.	
6. COLOR OR RACE White		E. DATE OF BIRTH July 28, 1880	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow		9. AGE (in years last birthday) 71	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hwfe.		11. BIRTHPLACE (State or foreign country) Baltimore	
10B. KIND OF BUSINESS OR INDUSTRY Own home		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Michael Simms		14. MOTHER'S MAIDEN NAME Catherine Kileen	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT William Ray, 2723 Pelham Avenue		ADDRESS	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) E 900.01 Hypostatic pneumonia DUE TO ANTECEDENT CAUSES Fractured hip. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Decubitus ulcers, Diabetes mellitus		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input checked="" type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 2723 Pelham Ave., Balto., Md.		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY December	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Fall down steps to the yard	
22. I hereby certify that I attended the deceased from Dec. 10, 1951 to Feb. 11, 1952 that I last saw the deceased alive on Feb. 11, 1952, and that death occurred at 9:10 a.m., from the causes and on the date stated above.			
23A. SIGNATURE B. J. B. B.		23B. ADDRESS 1400 N. Caroline Street	
23C. DATE SIGNED 2-11-52			
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 2/14/52	
24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR FEB 13 1952		REGISTRAR'S SIGNATURE Wm. G. B. B.	
VS 150		25. FUNERAL DIRECTOR 1217 St. Paul Street	

N-820.1

186a



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1392
Registered No.

BIRTH NO. 52-03273

1. NAME OF DECEASED
(Type or Print)

Frances Dale Levin

2. DATE
OF
DEATH

February 12, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Hosp. Women of Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Hospital for Women of Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore City

c. Length of stay in Baltimore

Yrs.
Mos.
4 Days

D. STREET ADDRESS (If rural, give location)

2646 Gswego Ave

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

2-9-52

9. AGE (In years last birthday)

4 days

10. Under 1 Year

Months: Days: 4

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Ind.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Edward Julius Levin

14. MOTHER'S MAIDEN NAME

Mollie Higger

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Mother

ADDRESS

2646 Gswego Ave

18.

760.51

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Intracranial hemorrhage

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

4 days

ANTECEDENT CAUSES

(B)

Hematuria - 37 wks

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER- Lying ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 9, 1952, to Feb 12, 1952 that I last saw the deceased alive on Feb 12, 1952 and that death occurred at 2:00 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Helene C. Bruckman

M. D.

23B. ADDRESS

Hosp. for Women of Md.

23C. DATE SIGNED

2-13-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb 13, 1952

24C. NAME OF CEMETERY OR CREMATORY

Hebrew Rosedale Cemetery

24D. LOCATION (City, town, or county)

Baltimore Maryland

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Sol's Jewenson & Bros W North Ave

ADDRESS 1126

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

6920 1393

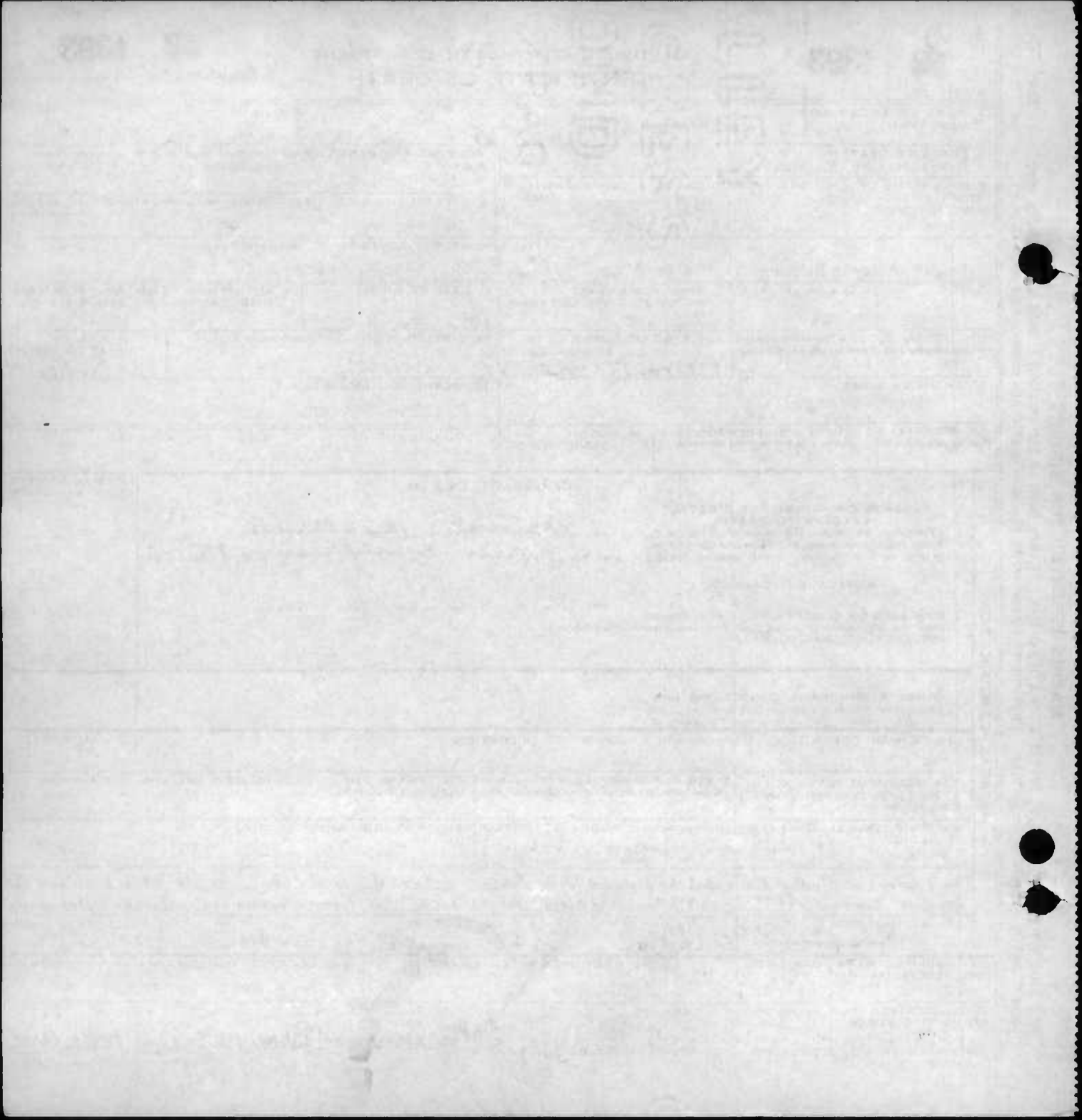
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1393
Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) ROSE C. LURIE	
2. DATE OF DEATH Feb. 12, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland	
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 5713 Oakshire Road	
6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
7. STREET ADDRESS (If rural, give location) 5713 Oakshire Road	
8. Length of stay in Baltimore 4 months	
9. SEX Female	
10. COLOR OR RACE White	
11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	
12. DATE OF BIRTH July 15, 1895	
13. AGE (In years last birthday) 56	
14. BIRTHPLACE (State or foreign country) Missouri	
15. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	
17. KIND OF BUSINESS OR INDUSTRY Own Home	
18. FATHER'S NAME Harry Cwengel	
19. MOTHER'S MAIDEN NAME Pauline Weiser	
20. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	
21. SOCIAL SECURITY NO.	
22. INFORMANT Harry Marx	
23. ADDRESS 5713 Oakshire Road	

18. 411X I	
CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
(A) Rheumatic Heart disease	
DUE TO Aortic Insufficiency & Stenosis	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(B)	
DUE TO	
(C)	
II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION	
19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from January 1951, to 2/12, 1952, that I last saw the deceased alive on 2/11, 1952, and that death occurred at 3:15 A.M., from the causes and on the date stated above.	
23A. SIGNATURE Samuel Wilton	
23B. ADDRESS 5721 Oak / Baltimore	
23C. DATE SIGNED 2/12/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24B. DATE Feb 14, 1952	
24C. NAME OF CEMETERY OR CREMATORY Arlington Cemetery	
24D. LOCATION (City, town, or county) (State) Rogers Ave Balto Md	
25. FUNERAL DIRECTOR Sol Levinson	
ADDRESS (17) 1124-26 N. North Ave	
DATE RECEIVED BY LOCAL REGISTRAR FEB 13 1952	
REGISTRAR'S SIGNATURE Huntington Wilton	



152 52 1394

CERTIFICATE CORRECTED 3/27/52 ES
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1394
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

DARNELL

EVANS

2. DATE
OF
DEATH

February 11, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

C. Length of stay in Baltimore

15 yrs

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

4625 Marble Hall Road

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Feb. 11, 1908

9. AGE (In years
last birthday)

44

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR
INDUSTRY

Domestic

11. BIRTHPLACE (State or foreign country)

Anniston Ala.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Edward white

14. MOTHER'S MAIDEN NAME

Hattie Matthews

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Edward C White

916 H. B. Street

18. 214 X 1 and E 954.7 CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Syncope during spinal anesthesia

DUE TO

for operation for Fibromyoma
Uteri

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING OR CONTRIB-
UTING CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

Hospital

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?412 Streets
University Hospital, Redwood & Greene21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

Feb. 11, 1952 7:30 A. m.

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☒
AT WORK

21F. HOW DID INJURY OCCUR?

Syncope during spinal anesthesia

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William Wood

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Feb. 11, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2-16-51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 13 1952

Hattie H. Wood

412 H. B. Street

Jackson

916 Pennsylvania

Avenue

VS 151

N-999-20

720FA

56B ✓

For cause of death, carbon

is likely to present

some degree of

variation in complexity

in contribution factors

So, may be

of cause of death?

G-6553 1395

52 1395

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Maryanna Brenda

2. DATE
OF
DEATH

Feb. 12 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

132 J. Patterson Park ave

C. CITY OR TOWN (If outside corporate limits write RURAL and give township)

Baltimore

c. Length of stay in Baltimore

40 years

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

132 J. Patterson Park ave

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

June 24 1877

9. AGE (In years
last birthday)

74

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Housewife

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF
WHAT COUNTRY?

Poland

13. FATHER'S NAME

Andrew Balcerzak

14. MOTHER'S MAIDEN NAME

Josephine Tomaszewicz

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

220-01-18185, Brenda Zamanski Northgate Rd.

17. INFORMANT

ADDRESS 1504

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A)
DUE TO(B)
DUE TO(C)
DUE TOINTERVAL BETWEEN
ONSET AND DEATH

15 months

2 years

2 years

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 3, 1950, to Feb. 12, 1952, that I last saw the
deceased alive on Feb. 12, 1952, and that death occurred 1030 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Philbert Antojian

M. D.

23B. ADDRESS

1942 E Bayview

23C. DATE SIGNED

2/14/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 13 1952

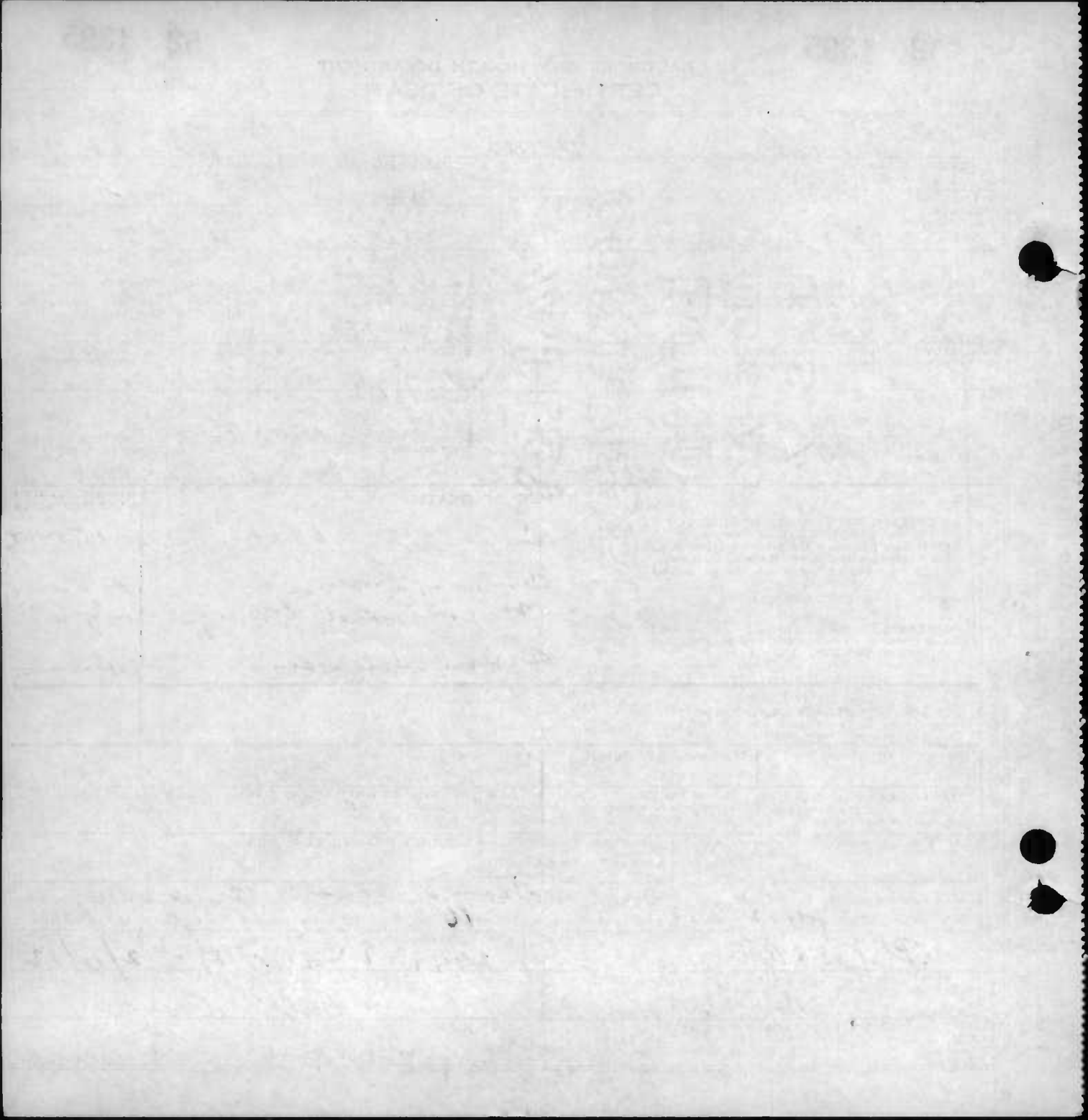
Huntington Williams, M.D.

John J. DeLoe

401 S. Chester St

VS 150

94a



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1396
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Catherine Mac Farlane

2. DATE
OF
DEATH

February 11, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

407 S. Smallwood St.

5. FULL NAME OF
HOSPITAL OR
INSTITUTION

St. Agnes Hospital

c. Length of stay in Baltimore

S. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Nov. 9, 1870

9. AGE (in years
last birthday)

81

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Cook/House

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Mr. Bossley

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Marie Bossley, 407 S. Smallwood

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 11, 1952, to Feb. 11, 1952, that I last saw the
deceased alive on Feb. 11, 1952, and that death occurred at 11:27 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

93D Ann

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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B-53452 1397
 PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 52 1397
 Registered No.

BIRTH NO. 52-01670

1. NAME OF DECEASED (Type or Print) <i>Darryl Louis Bentholdt</i>			2. DATE OF DEATH <i>Feb 12, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE <i>Md.</i> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Union Memorial Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
c. Length of stay in Baltimore <i>21 days.</i>			D. STREET ADDRESS (If rural, give location) <i>3123 Woodring Ave.</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>S</i>	8. DATE OF BIRTH <i>Jan 22, 1952</i>		9. AGE (In years, last birthday) <i>21</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Md.</i>	
13. FATHER'S NAME <i>Irving F. Bentholdt</i>			14. MOTHER'S MAIDEN NAME <i>Lydia Sachs.</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT <i>parent</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT <i>parent</i>	

18. <i>768.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Septicemia, etiology unknown</i>			CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH		
(A) DUE TO			(B) DUE TO			(C) DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.								
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Severe gangrene, left leg</i>								
19A. DATE OF OPERATION <i>2</i>			19B. MAJOR FINDINGS OF OPERATION <i>Severe gangrene, left leg</i>			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH?		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)				
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <i>Feb 2, 1952</i> to <i>Feb 12, 1952</i> , that I last saw the deceased alive on <i>Feb 12, 1952</i> , and that death occurred at <i>5:40 a.m.</i> , from the causes and on the date stated above.								
23A. SIGNATURE <i>William A. Anderson</i>			23B. ADDRESS <i>Union Memorial Hosp.</i>			23C. DATE SIGNED <i>2-12-52</i>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Feb. 14/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Parkwood</i>		24D. LOCATION (City, town, or county) (State) <i>Bravo. Md.</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 13 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>H. Wintz</i>		ADDRESS <i>4101 Edmondson 161B Ave.</i>		

1945

1945

UNITED STATES OF AMERICA

DEPARTMENT OF COMMERCE

OFFICE OF THE SECRETARY

WASHINGTON, D. C.

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8-26-60

52 1398

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1398

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Bradley T. Baker

2. DATE
OF
DEATH

Feb. 9/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

4017 Edmondson Ave

C. CITY OR TOWN (If outside corporate limits, with RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4017 Edmondson Ave

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept. 24, 1887

9. AGE (In years last birthday)

64

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Engineer

10B. KIND OF BUSINESS OR INDUSTRY

Baltimore City

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Baker

14. MOTHER'S MAIDEN NAME

Laura G. Alexander

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

Yes

W.W. I

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Leola S. Baker, 4017 Edmondson Ave

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

2 yrs

2 mths.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from June 1950, 1952, to Feb 9, 1952, that I last saw the deceased alive on Feb 8, 1952, and that death occurred at 6 p m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 13/52

24C. NAME OF CEMETERY OR CREMATORY

Taylorsville Meth. church Centy. Taylorsville Md

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 13 1952

Huntington Williams, Harry H. Nitzke, 4101 Edmondson Ave

VS 150

58393

94a Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

1918

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1918

NAME OF DECEASED
RESIDENCE
PLACE OF BIRTH
DATE OF BIRTH
OCCUPATION
CAUSE OF DEATH
MANNER OF DEATH
PLACE OF DEATH
DATE OF DEATH
SIGNATURE OF PHYSICIAN
SIGNATURE OF REGISTRAR

NAME OF DECEASED
RESIDENCE
PLACE OF BIRTH
DATE OF BIRTH
OCCUPATION
CAUSE OF DEATH
MANNER OF DEATH
PLACE OF DEATH
DATE OF DEATH
SIGNATURE OF PHYSICIAN
SIGNATURE OF REGISTRAR

NAME OF DECEASED
RESIDENCE
PLACE OF BIRTH
DATE OF BIRTH
OCCUPATION
CAUSE OF DEATH
MANNER OF DEATH
PLACE OF DEATH
DATE OF DEATH
SIGNATURE OF PHYSICIAN
SIGNATURE OF REGISTRAR

NAME OF DECEASED
RESIDENCE
PLACE OF BIRTH
DATE OF BIRTH
OCCUPATION
CAUSE OF DEATH
MANNER OF DEATH
PLACE OF DEATH
DATE OF DEATH
SIGNATURE OF PHYSICIAN
SIGNATURE OF REGISTRAR

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R-235 52 1399

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1399
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARGARET ROYSTON

2. DATE
OF
DEATH

2/10/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARY LAND

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

UNIVERSITY HOSP

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

227 RODGERS FORGE AVE

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

SEPT 11-1911

9. AGE (In years last birthday)

40

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

SCHOOL TEACHER

10B. KIND OF BUSINESS OR INDUSTRY

SCHOOLS

11. BIRTHPLACE (State or foreign country)

MARY LAND

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

JOHN C. ROYSTON

14. MOTHER'S MAIDEN NAME

WILHELMINA LOHR

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
JOHN C. ROYSTON 2902 DUNMORE

18.

754.6

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral edema & hemorrhage

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

1-2 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Intracranial, arterial aneurysm (ruptured)
(C) congenital defect

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

2/8/52

19B. MAJOR FINDINGS OF OPERATION

Intracranial Arterial Aneurysm

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 2/9, 1952, to 2/10, 1952, that I last saw the deceased alive on 2/10, 1952, and that death occurred at 12:00 Am., from the causes and on the date stated above.

23A. SIGNATURE

George C. Alderman

23B. ADDRESS

Univ. Hospital

23C. DATE SIGNED

2/10/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

FEB 14, 1952

24C. NAME OF CEMETERY OR CREMATORY

PARKWOOD

24D. LOCATION (City, town, or county)

PARKVILLE MD

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Walden Funeral Home

ADDRESS

2112 Dundalk

VS 150

0938V

96

001

001

RECEIVED BY THE U.S. DEPARTMENT OF THE ARMY

WASHINGTON, D.C. 20315

001

001



PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be as fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 1400
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILMER LAWRENCE HELM

2. DATE OF DEATH Feb. 11, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 4208 Mary Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4208 Mary Ave.

c. Length of stay in Baltimore Lifetome

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years; last birthday)

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Clerk

10B. KIND OF BUSINESS OR INDUSTRY

B. & O. R.R. Co.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

James Helm

14. MOTHER'S MAIDEN NAME

Ella Gumby

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. A nes Helm 4208 Mary Ave.

18.

420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Cornary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

1 hr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

(B)

DUE TO

Cornary artery Disease

unknown.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from July, 1948, to Feb 11, 1952, that I last saw the deceased alive on Feb 11, 1952, and that death occurred at 17:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Max R. English

M. D.

23B. ADDRESS

5713 Belair Rd Baltimore

23C. DATE SIGNED

2-12-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 14, 1952

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county)

Parkville, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

FEB 13 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Rich Funeral Home 2008 Orleans St.,

ADDRESS

001: 84

001: 84



534⁵² 1401BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1401
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Eliza V. Chandler		2. DATE OF DEATH Feb. 11, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland X		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY Baltimore City		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION 4500 Fairfax Road		D. STREET ADDRESS (If rural, give location) 4500 Fairfax Road		E. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) 28-03	
c. Length of stay in Baltimore Life		Yrs. Mos. Days		5. SEX Female	
6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH March 31, 1863	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10B. KIND OF BUSINESS OR INDUSTRY Home		9. AGE (In years last birthday) 88	
13. FATHER'S NAME Abraham Banks		14. MOTHER'S MAIDEN NAME Margaret Whiteside		11. BIRTHPLACE (State or foreign country) Maryland	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
17. INFORMANT Mrs. H. King		ADDRESS 4500 Fairfax Road			
18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.) Coronary Occlusion DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Chronic Myocarditis DUE TO Serelity OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH 8 days 14 y.	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2-3 , 1952 to 2-11 , 1952 that I last saw the deceased alive on 2-10 , 1952, and that death occurred at 9:30 AM , from the causes and on the date stated above.					
23A. SIGNATURE Coral London		23B. ADDRESS M.O. 300 E. North Ave		23C. DATE SIGNED 2-11-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Feb. 14th/52		24C. NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery	
24D. LOCATION (City, town, or county) (State) Baltimore, MD.		25. FUNERAL DIRECTOR John T. Stansbury		ADDRESS 2700 Edmondson Ave.	

JUNE 25

JUNE 25

CORRESPONDENCE

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Robert Owens

2. DATE
OF
DEATH

2-7-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE
Md.

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION(If not in hospital or institution, give street address or location)
Baltimore City Hospital
4940 Eastern Ave.C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BaltimoreD. STREET ADDRESS (If rural, give location)
1318 Argyle Ave.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH

July 2, 1908

9. AGE (In years

last birthday)

43

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Will Dove

14. MOTHER'S MAIDEN NAME

Laura Griffin

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL

SECURITY NO.

17. INFORMANT

ADDRESS

B. C. H. Records, 4940 Eastern Ave.

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Far advanced Caseous Pneumonic Tuberculosis with cavitation Bilateral.

INTERVAL BETWEEN
ONSET AND DEATH

3 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Malnutrition

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-28-52, 19, to Feb. 7, 1952, that I last saw the deceased alive on Feb. 7, 1952, and that death occurred at 11:50 PM, from the causes and on the date stated above.

23A. SIGNATURE

R. P. Rogers

M. D.

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED

2-9-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Feb. 13, 1952

24C. NAME OF CEMETERY OR CREMATORY

Abraham Martin Park

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

J. Phillips

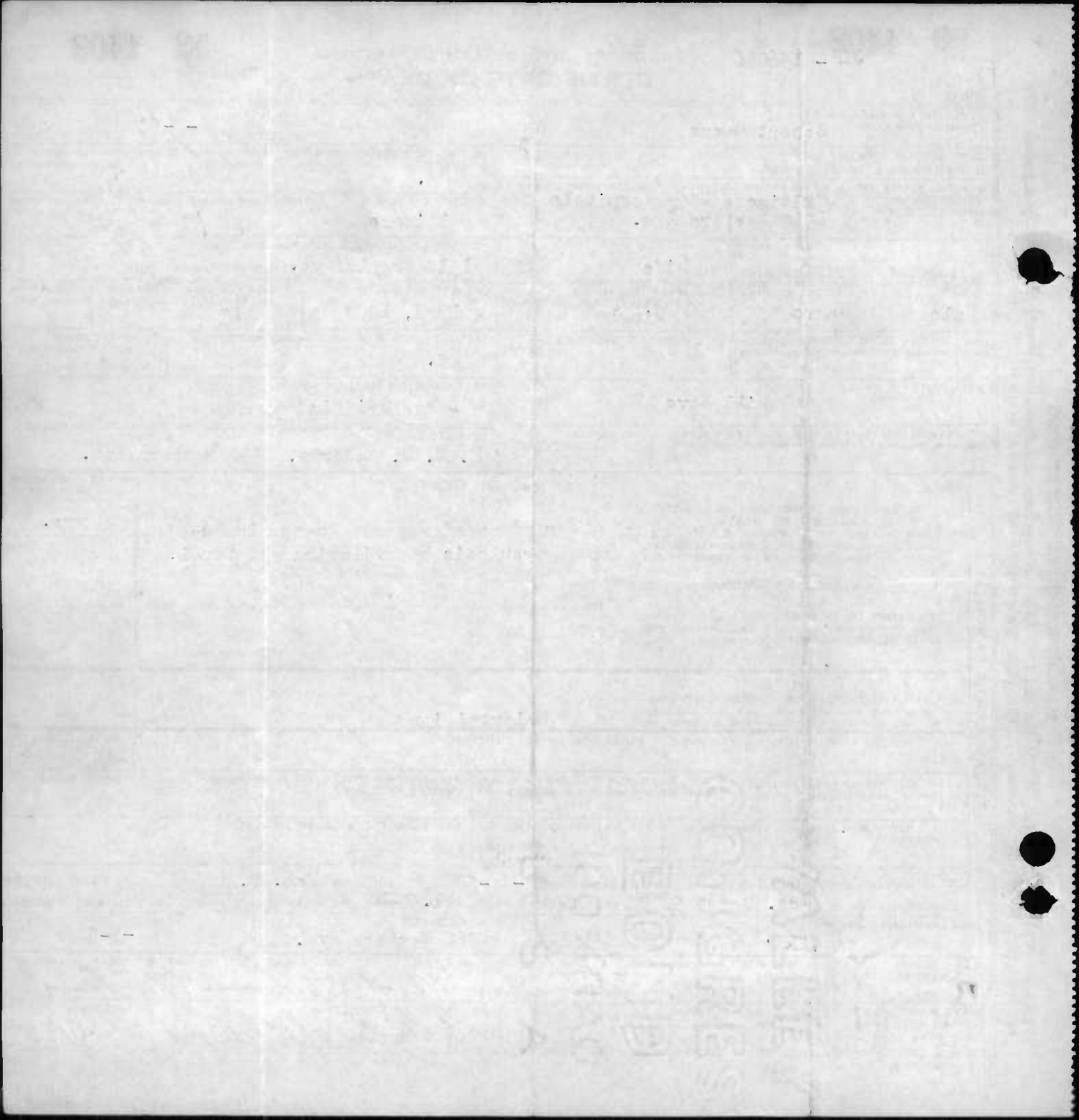
ADDRESS

1800 N. ...

FEB 13 1952

VS 150

1313



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1403
Registered No.

635 1403
BIRTH NO.

1. NAME OF DECEASED (Type or Print)		ANNA J. JORDAN		2. DATE OF DEATH February 11, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md.		
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 21 years			D. STREET ADDRESS (If rural, give location) 1506 Baker St.		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Feb. 8, 1890	9. AGE (In years last birthday) 62	10. UNDER 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Rock Hill, S.C.		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME H. M. Anderson			14. MOTHER'S MAIDEN NAME Sarah?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Savannah Edwards		
			ADDRESS 1506 Baker St.		

18. 332X I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Cerebral thrombosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Diabetes Mellitus

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE R. H. Fisher M.D. 23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ 23C. DATE SIGNED Feb. 12, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Feb. 14, 1952	24C. NAME OF CEMETERY OR CREMATORY Rehoboth Mem. Pk.	24D. LOCATION (City, town, or county) (State) Baltimore Co. Md.
DATE RECEIVED BY LOCAL REGISTRAR FEB 13 1952	REGISTRAR'S SIGNATURE Huntington Williams M.D.	25. FUNERAL DIRECTOR Hall's Funeral Home 1601 Druid Hill Ave.	

V S 151

61 ✓

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2001 SE

2001 SE

2001 SE

1001 92

1001 92



1001 92

1001 92

B-623
52 JL-155698
1405

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1405
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Lena Bersterman		2. DATE OF DEATH 2-11-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore 75 yrs.			D. STREET ADDRESS (If rural, give location) 819 Mangold St-30		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Wid.	8. DATE OF BIRTH May 12, 1867	9. AGE (In years last birthday) 84	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) Penna.		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Chris Wehr			14. MOTHER'S MAIDEN NAME Rose ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS B. C. h. 4940 Eastern Ave. Records		

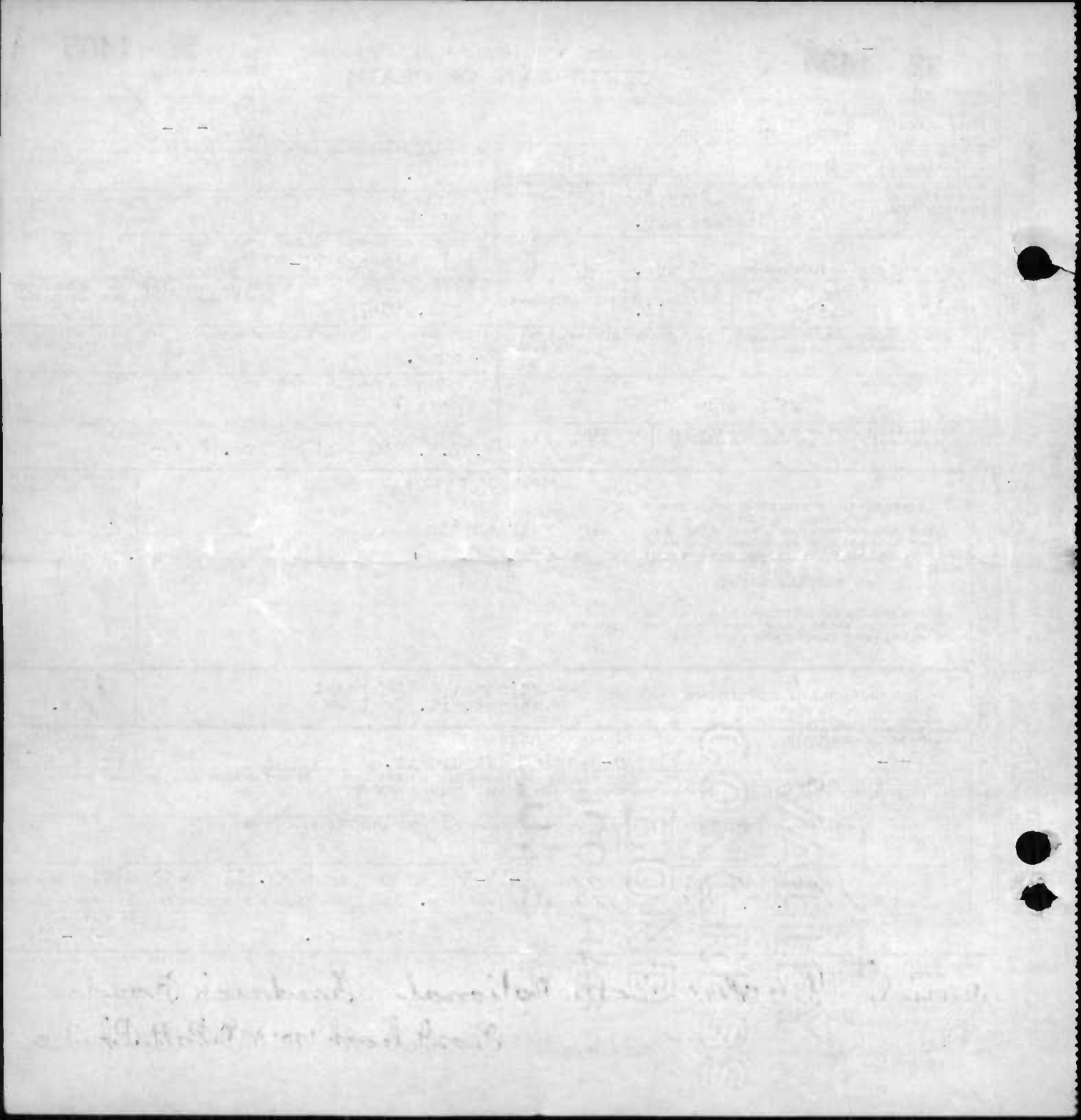
18. 447x and 170x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertension	CAUSE OF DEATH (A) Hypertension DUE TO (B) DUE TO (C) 	INTERVAL BETWEEN ONSET AND DEATH ?
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Carcinoma, left breast Gangrene, rt. foot		2 mos.

19A. DATE OF OPERATION 2-5-52	19B. MAJOR FINDINGS OF OPERATION Biopsy-massin left breast.	20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYNING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 1-14-52 , 19 52 , to Feb. 11 , 19 52 , that I last saw the deceased alive on Feb. 11 , 19 52 , and that death occurred at 3.30 AM. , from the causes and on the date stated above.		
23A. SIGNATURE J. S. Clozen M. D.	23B. ADDRESS 4940 Eastern Ave.	23C. DATE SIGNED 2-11-52

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Feb. 14 1952	24C. NAME OF CEMETERY OR CREMATORY Bella National	24D. LOCATION (City, town, or county) (State) Frederick Road
DATE RECEIVED BY LOCAL REGISTRAR FEB 13 1952	REGISTRAR'S SIGNATURE Huntington	25. FUNERAL DIRECTOR 1701 03 N. Patt. Pl. Ave.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1406
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SARAH MILLER

2. DATE
OF
DEATH

2-9-52

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
a. STATE b. COUNTY before admission)

Maryland

b. FULL NAME OF (if not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

So. BALT. GEN Hosp

c. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore, City

c. Length of stay in Baltimore

d. STREET ADDRESS (If rural, give location)

3317 Fairfield Rd.

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

12/15/ 1887

9. AGE (in years
last birthday)

64

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

A, A, Co., Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Frank T. Ware

14. MOTHER'S MAIDEN NAME

Mildred Norris

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

Frank Ware- Early Heights, Md.

18. E 916.0,

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

3rd ° Burns of
85 % of Body.

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

home

21c. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

3317 FAIRFIELD RD-Dundalk

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

2 9 52

21e. INJURY OCCURRED

WHILE AT ☐NOT WHILE ☒
WORK AT WORK

21f. HOW DID INJURY OCCUR?

oil heater exploded- house on fire

22. I certify that I took charge of the remains described above, held an Inspection thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23a. SIGNATURE

R. F. Fisher

M.D.

23b. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐

23c. DATE SIGNED

2-10-52

24a. BURIAL, CREMA-
TION REMOVAL (Specify)

Burial

24b. DATE

2/13/52

24c. NAME OF CEMETERY OR CREMATORY

Mt Calvary Ct

24d. LOCATION (City, town, or county)

A. A. Co., Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

J. S. Brown & Co. Montgomery St

ADDRESS

108-2

VS 151

N-948.2

181

Blank certificate form with horizontal lines and a central vertical fold line. The form is oriented horizontally on the page.

525 1407

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1407
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Zederick Johnson*2. DATE
OF
DEATH*2-10-1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION*532 West Cross Street Baltimore*

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

532 West Cross Street

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

11-24-1895

9. AGE (In years,

last birthday)

56

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Longshoreman

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Johnson

14. MOTHER'S MAIDEN NAME

Kate

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

212-09-6685

17. INFORMANT

ADDRESS

Laura Johnson 532 W. Cross St.

18.

155X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

DUE TO

*Carcinoma of lung**5 months*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

*Carcinoma of liver**10 months*

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *9-12-1951*, to *2-10-1952*, that I last saw the deceased alive on *2-9-1952* and that death occurred at *10:30 P.M.*, from the causes and on the date stated above.

23A. SIGNATURE

Wm. E. J. Camper

M. D.

23B. ADDRESS

639 W. Cross St. Balto

23C. DATE SIGNED

2-11-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

2-15-1952

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Memorial Park Baltimore County Maryland

24D. LOCATION (City, town, or county)

9 Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

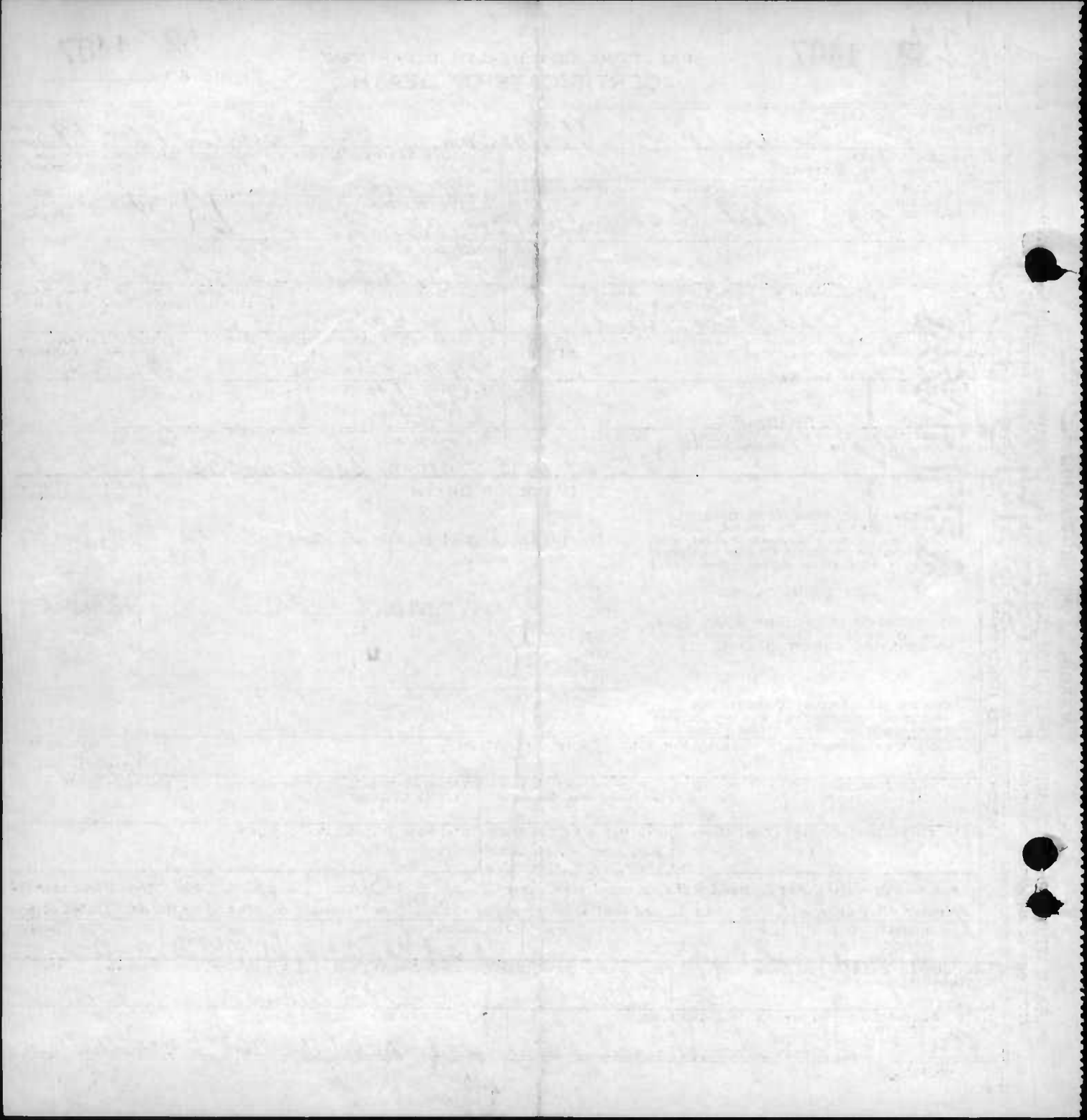
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Joseph A. Lipp

ADDRESS

661 West Bane Street



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 1408BIRTH NO. 52 14081. NAME OF DECEASED
(Type or Print)

Lucius Lee Jones

2. DATE
OF
DEATH

February 11, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE Md.

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

2421 S. Paca St.

C. CITY OR TOWN (If outside corporate limits, give RURAL and give township)

Balto.

D. STREET ADDRESS (If rural, give location)

2421 S. Paca St.

c. Length of stay in Baltimore

?

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

July 22, 1891

9. AGE (in years
last birthday)

60

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Laborer

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF
WHAT COUNTRY?

U.S. A.

13. FATHER'S NAME

Isaac Jones

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

216 09 8813 Florence Jones 2421 S. Paca St.

17. INFORMANT

ADDRESS

18.

420.0

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arterio sclerotic heart disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Hypertensive cardio vascular
disease.

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

2? 3? 4?

? ?

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/9/52, 1952, to Feb. 11, 1952 that I last saw the
deceased alive on Feb. 9, 1952, and that death occurred at A. m., from the causes and on the date stated above.

23A. SIGNATURE

Harry Leibel

M. O.

23B. ADDRESS

1226 Hanover St.

23C. DATE SIGNED

2/13/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/15/52

24C. NAME OF CEMETERY OR CREMATORY

Mt Auburn

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 13 1952

Huntington Williams

Geo. G. Kelton 1303 Presstman St.

VS 150

97099

Geo. G. Kelton

937

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 1409**

BIRTH NO. 5257409		1. NAME OF DECEASED (Type or Print) MARY GAINS (Gantt)		2. DATE OF DEATH February 7, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balti. City		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY 17-0			
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 1004 Pennsylvania Avenue			
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widow	8. DATE OF BIRTH 3-21-15-86	9. AGE (in years last birthday) 65	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Domestic		10B. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) MD.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME not none		14. MOTHER'S MAIDEN NAME Mary Gantt	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.		17. INFORMANT Helen Byrd	
18. 47211		CAUSE OF DEATH 403-E, 24st Baltimore		INTERVAL BETWEEN ONSET AND DEATH	

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Arteriosclerotic Cardiovascular Disease**
DUE TO

II. ANTECEDENT CAUSES

(B) **DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.**
DUE TO

(C)

III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>inspection & inquiry</u> thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. F. Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR		23C. DATE SIGNED 2/8/52	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Feb. 13th/52		24C. NAME OF CEMETERY OR CREMATORY Mt Calvary		24D. LOCATION (City, town, or county) (State) Arundel Cor Md	
DATE RECEIVED BY LOCAL REGISTRAR FEB 13 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR George O Wilson		ADDRESS 1050 Brantley on 93d	

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

FEB 13 1952
VS 151

7208A 1050 Brantley on 93d

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 1410**

BIRTH NO. **1410**

1. NAME OF DECEASED (Type or Print) WILLIAM HOUSTON		2. DATE OF DEATH February 4, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits write RURAL and give township) Balto. 5-01	
c. Length of stay in Baltimore 25 yrs Yrs. 25 Mos. 0 Days 0		D. STREET ADDRESS (if rural, give location) 1212 St. Matthew's St.	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 19, 1874
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labourer		10B. KIND OF BUSINESS OR INDUSTRY On banana	9. AGE (In years last birthday) 77 If Under 1 Year: Months 0 Days 0 If Under 24 Hours: Hours 0 Min. 0
11. BIRTHPLACE (State or foreign country) S.C.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME not none		14. MOTHER'S MAIDEN NAME not none	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.	
17. INFORMANT Ida Jones		ADDRESS	

18. **E900.0** CAUSE OF DEATH **1212 St. Matthews**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Fracture of neck

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) home	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 1212 St. Matthew's St.
--	--	---

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Feb. 4, 1952 11:30pm.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Fell down steps from 3rd to 2nd floor.
---	---	---

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE R. Fisher	23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR	23C. DATE SIGNED Feb. 5, 1952
------------------------------------	---	---

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Feb. 13th/52	24C. NAME OF CEMETERY OR CREMATORY Mt Calvary	24D. LOCATION (City, town, or county) (State) Arundel Co. Md
--	----------------------------------	---	--

DATE RECEIVED BY LOCAL REGISTRAR FEB 13 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Oliver O Wilson	ADDRESS 186a 1000 Brantley Ave
--	---	--	--

MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1941

1941

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Relaxed by Med. Examiner
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **52 1411**

BIRTH NO. **52 1411**

1. NAME OF DECEASED (Type or Print) <i>Beatrice Jones</i>			2. DATE OF DEATH <i>2-11-52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>18-01</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>University Hosp.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto.</i>		
C. Length of stay in Baltimore Yrs. <i>38</i> Mos. <i>18-01</i> Days <i>18-01</i>			D. STREET ADDRESS (If rural, give location) <i>823 W. Saratoga St</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Col.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>Oct. 18, 1907</i>	9. AGE (in years last birthday) <i>44</i>	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of worklog life, also if retired) <i>Housewife</i>			10B. KIND OF BUSINESS OR INDUSTRY		
11. FATHER'S NAME <i>Lloyd Farmer</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or of unknown) <i>No</i>			14. SOCIAL SECURITY NO.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)			16. INFORMANT <i>Lloyd Farmer</i>		
17. ADDRESS <i>Monroe St.</i>			18. ADDRESS <i>Monroe St.</i>		

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Subarachnoid hemorrhage.</i>	CAUSE OF DEATH <i>Subarachnoid hemorrhage.</i>	INTERVAL BETWEEN ONSET AND DEATH <i>4-6 hrs</i>
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Diabetes mellitus.</i>	CAUSE OF DEATH <i>Diabetes mellitus.</i>	INTERVAL BETWEEN ONSET AND DEATH
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH <i>Uremia - Renal shut-down</i>	INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> HOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *2-11-52*, 19*52*, to *2-11-52*, 19*52*, that I last saw the deceased alive on *2-11-52*, 19*52*, and that death occurred at *10:55* p.m., from the causes and on the date stated above.

23A. SIGNATURE <i>George B. Brumster M.D.</i>	23B. ADDRESS <i>University Hospital</i>	23C. DATE SIGNED <i>2-12-52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Feb. 15, 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Balto. National Cem</i>
24D. LOCATION (City, town, or county) <i>Balto.</i>	24E. STATE <i>Md.</i>	24F. DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 13 1952</i>
25. REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>Mrs. Katie B. Williams</i>	25. ADDRESS <i>Schroeder St.</i>

VS 150

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

1001

DEPARTMENT OF HEALTH

RECORDS OF DEATH

CAUSE OF DEATH

101

DEATH OF A PERSON

DEATH OF A PERSON

DEATH OF A PERSON

DEATH OF A PERSON

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 1412**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**Jerome Crawford**2. DATE
OF
DEATH**Feb. 10, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

915 N. Fulton Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.**16-03**

D. STREET ADDRESS (If rural, give location)

915 N. Fulton Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 31, 1900

9. AGE (In years, last birthday)

51

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Factory Worker

11. BIRTHPLACE (State or foreign country)

Howard Co. Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

George Crawford

14. MOTHER'S MAIDEN NAME

Rosie Boardly

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

Yes**WW I**

16. SOCIAL SECURITY NO.

17. INFORMANT

Eva Crawford

ADDRESS

915 N. Fulton Ave.

18.

442X I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) **C. Cardio renal disease****18 months**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **10-26-1951** to **2-10-1952** that I last saw the deceased alive on **2-9-1952** and that death occurred at **9:30 a.m.** from the causes and on the date stated above.

23A. SIGNATURE

John E. J. Camper

M. D.

23B. ADDRESS

639 N. Carey St

23C. DATE SIGNED

2-11-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 14, 1952

24C. NAME OF CEMETERY OR CREMATORY

Balto. National

24D. LOCATION (City, town, or county) (State)

Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington, Williams

25. FUNERAL DIRECTOR

Mrs. Kate R. Williams

ADDRESS

322 N. Schwan St**FEB 13 1952**

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 1413BIRTH NO. 52 14131. NAME OF DECEASED
(Type or Print) Mamie Simmons2. DATE OF DEATH 2-10-523. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTY Balto.B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
Provident Hospo.C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Balto.D. STREET ADDRESS (If rural, give location)
746 George St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days5. SEX Female6. COLOR OR RACE Col.7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Widow8. DATE OF BIRTH Dec-25, 19009. AGE (In years last birthday) 51

If Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Domestic

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Acconac Co. Va.12. CITIZEN OF WHAT COUNTRY?
U.S.A.13. FATHER'S NAME
George Ames14. MOTHER'S MAIDEN NAME
Luetta Bailey15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT
Katherine LawsADDRESS 746 Geo. St.

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Bronchial pneumonia

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
Metastatic Carcinoma (left breast)

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.19A. DATE OF OPERATION
4-1-4919B. MAJOR FINDINGS OF OPERATION
Carcinoma of left breast

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

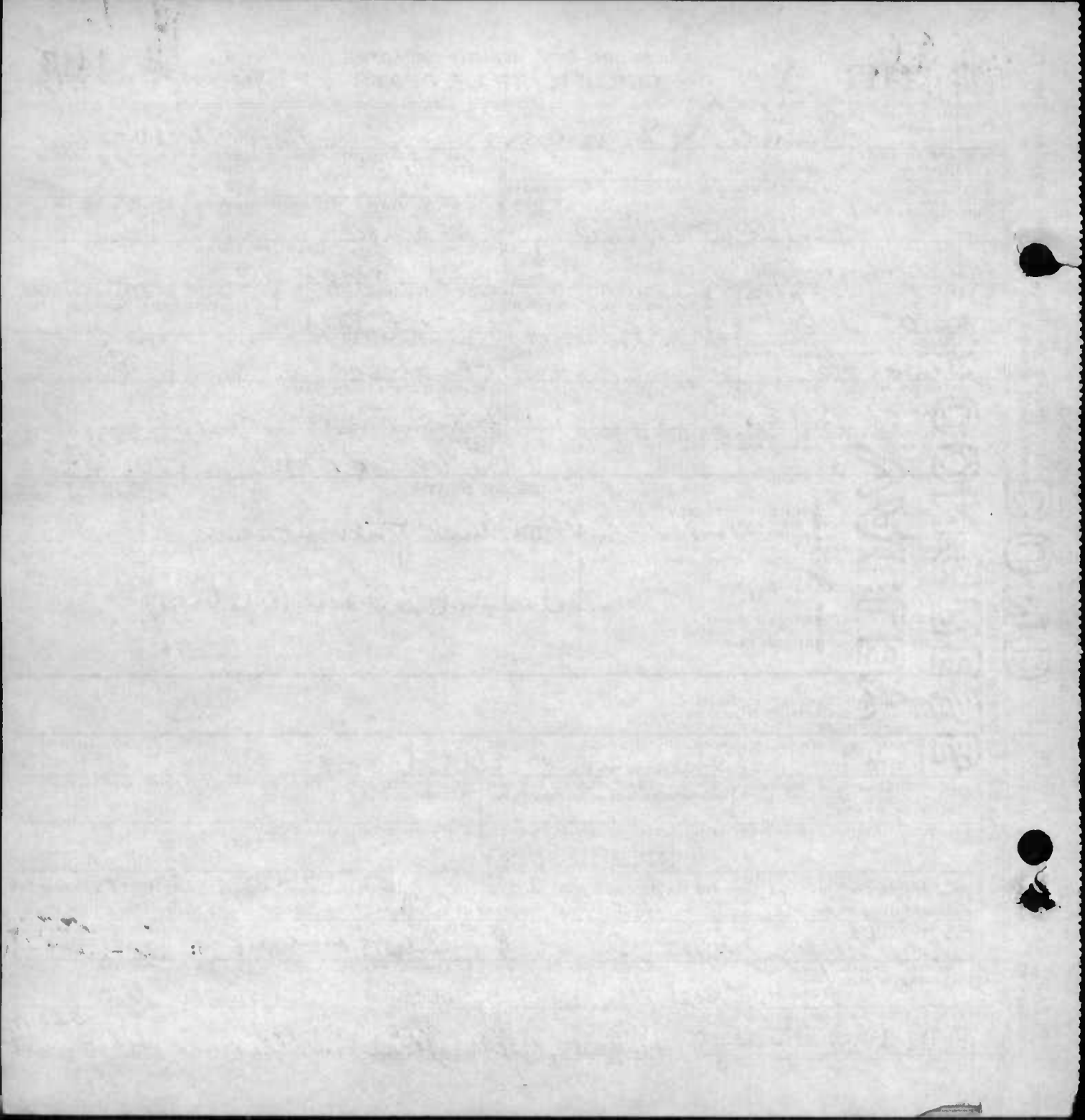
WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-8, 1952, to 2-10, 1952, that I last saw the deceased alive on 2-10, 1952, and that death occurred at 8:00 p.m., from the causes and on the date stated above.23A. SIGNATURE
Chas. B. Wood M.D.23B. ADDRESS
Provident Hospital23C. DATE SIGNED
2-11-52

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial24B. DATE
Feb-15, 195224C. NAME OF CEMETERY OR CREMATORY
Arbulus Memorial24D. LOCATION (City, town, or county) (State)
Arbulus Md.DATE RECEIVED BY LOCAL REGISTRAR
FEB 13 1952REGISTRAR'S SIGNATURE
Huntington Williams, Jr.25. FUNERAL DIRECTOR
Mrs. Katie R. WilliamsADDRESS 322 h Schroeder St



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 1414

BIRTH NO. 536

1. NAME OF DECEASED
(Type or Print) Jessie Hunter

2. DATE OF DEATH Feb 9, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE md

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, give location and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
306 N. Calhoun St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX Male

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWER, DIVORCED (Specify) Single

8. DATE OF BIRTH 6-18-1914

9. AGE (In years last birthday) 37

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Laborer

10B. KIND OF BUSINESS OR INDUSTRY
Construction

11. BIRTHPLACE (State or foreign country)
Laurens S.C.

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME
Henry Hunter

14. MOTHER'S MAIDEN NAME
Orz?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No

16. SOCIAL SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL ADDRESS

18.

445X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Malignant Hypertension

2 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

11
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Thrombocytopenia

2 weeks

19A. DATE OF OPERATION 2-9-52

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-19-52 to 2-9-52, that I last saw the deceased alive on 2-9-52 and that death occurred at 3:50 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

2-9-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Burial

Feb 13, 1952

W. L. Clark

Balto.

MD

FEB 13 1952

Huntington Williams

Mrs. Katie R. Williams

Schroeder St.

VS 150

97024

72a

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 1415**BIRTH NO. **51-04857**1. NAME OF DECEASED
(Type or Print)

DARLINE

SMITH

2. DATE
OF
DEATH

February 11, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township)

D. STREET ADDRESS (If rural, give location)

237 N. Schroeder Street

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Feb. 28, 1901

9. AGE (In years
last birthday)

1

0

10. Under 1 Year
Months: Days

11

13

11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Albert Smith

14. MOTHER'S MAIDEN NAME

Edna Boston

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Edna Smith 237 N. Schroeder St

18. E 962.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Interstitial pneumonia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Old subdural hemorrhage

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

237 N. Schroeder Street

18/1

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

Aug. 21, 1951 or Dec. 17, 1952

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☒

21F. HOW DID INJURY OCCUR?

Fell on head on several occasions

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William H. Smith

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ M.D. MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
Feb. 11, 195224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Feb. 14, 1952

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem

24D. LOCATION (City, town, or county) (State)

Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 13 1952

Huntington Williams, Jr.

Mrs. Katie R. Williams

Schroeder St

VS 151

N-854.9

186a

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered 52 1416

BIRTH NO. 52 1416		1. NAME OF DECEASED (Type or Print) PINK RAY MOORE		2. DATE OF DEATH February 11, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital		C. CITY OR TOWN (If outside corporate limits, give RURAL and give township) Baltimore 16-03			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 939 N. Mount Street			
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Sept. 16, 1895	9. AGE (in years last birthday) 56	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Construction		11. BIRTHPLACE (State or foreign country) Halifax Co. Va.	
13. FATHER'S NAME Daniel Moore		14. MOTHER'S MAIDEN NAME Sarah		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT Gladys Campbell	
18. 422.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO		(C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William V. South		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED Feb. 11, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/14/1952		24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem.	
24D. LOCATION (City, town, or county) Balto.		24E. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem.		24F. LOCATION (City, town, or county) Md.	
DATE RECEIVED BY LOCAL REGISTRAR FEB 13 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Mrs. Katie R. Williams	
VS 151		97024		ADDRESS 322 N. Schroeder St.	

937 ✓

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UNITED STATES DEPARTMENT OF AGRICULTURE

2111



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 1417

BIRTH NO.		52 1417	
1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Jones Cooper		Feb - 10 - 52	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 120 West Biddle Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 120 West Biddle Street	
5. SEX Male	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 1891
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY In General	9. AGE (In years last birthday) 60
13. FATHER'S NAME		11. BIRTHPLACE (State or foreign country) Florida	12. CITIZEN OF WHAT COUNTRY? U.S.A.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS Eugene Cooper 120 W. Biddle St	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) 470.1 CORONARY THROMBOSIS ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) CORONARY THROMBOSIS DUE TO (B) ANTERIOR CHAMBER DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH History indefinite CERTIFICATION APPROVED BY M. D. CHIEF OF A. S. MEDICAL EXAMINER	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Aug. 28, 1951, to Feb 10, 1952, that I last saw the deceased alive on Jan 25, 1952, and that death occurred at 3 P. M., from the causes and on the date stated above.			
23A. SIGNATURE Eugene Cooper		23B. ADDRESS 1534 Duval Hill Ave	
23C. DATE SIGNED Feb 12 - 1952			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/13/1952	
24C. NAME OF CEMETERY OR CREMATORY Mt Arburn Cem.		24D. LOCATION (City, town, or county) (State) Baltimore Md	
DATE RECEIVED BY LOCAL REGISTRAR FEB 13 1952		REGISTRAR'S SIGNATURE H. J. Williams, M. D.	
FUNERAL DIRECTOR E. J. Choy, Wilson 1000 Brantley Ave		ADDRESS 94a	

700-100

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

1900



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 1418**

BIRTH NO. **52 1418**

1. NAME OF DECEASED (Type or Print) ESTELLE HUNTLEY EKIN			2. DATE OF DEATH Feb 12, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore C. CITY OR TOWN Baltimore (If outside corporate limits, write RURAL and give township) 12 Rural		
B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution location) Union Memorial Hosp.			D. STREET ADDRESS (If rural, give location) 6311 Bellona Ave		
c. Length of stay in Baltimore Yrs. Mos. Days			8. DATE OF BIRTH Jan 1, 1877		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	9. AGE (In years last birthday) 75		11. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY		11. Under 24 Hours Hours: Min.	
13. FATHER'S NAME JOSIAH HUNTLEY			14. MOTHER'S MAIDEN NAME MARTHA ANN LEE		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT Hosp. Records. Union Memorial Hosp. ADDRESS	

18. 584X and 153X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Uremia		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. renal shutdown		
(C) nephrosclerosis		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. chronic cholecystitis and cholelithiasis Carcinoma of sigmoid colon		
19A. DATE OF OPERATION Feb 4, 1952	19B. MAJOR FINDINGS OF OPERATION Chronic cholecystitis and cholelithiasis carcinoma of sigmoid colon	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Jan 29 , 1952 to Feb 12 , 1952, that I last saw the deceased alive on Feb 12 , 1952, and that death occurred at 9 45 A.M., from the causes and on the date stated above.		
23A. SIGNATURE Jesse D. Hubbard	23B. ADDRESS Union Memorial Hosp.	23C. DATE SIGNED Feb 12, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 2/14/52	24C. NAME OF CEMETERY OR CREMATORY DENID RIDGE CEM
24D. LOCATION (City, town, or county) (State) PIKESVILLE MD		
DATE RECEIVED BY LOCAL REGISTRAR FEB 13 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Wm. J. Tuckey ADDRESS Low Inc Bldg and

46E

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

311

DEPARTMENT OF HEALTH
BUREAU OF VETERINARY MEDICINE
WASHINGTON, D. C.

1918

OFFICE OF THE CHIEF OF BUREAU OF VETERINARY MEDICINE

WASHINGTON, D. C.

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 1419**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARIE K. THATCHER

2. DATE OF DEATH **Feb. 11, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Md.** B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Woman's Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Balto.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)
1509 John St.

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Nov. 13, 1871

9. AGE (in years last birthday)

80

10 Under 1 Year
Months: Days

11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

New York

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Paul Kuhnel

14. MOTHER'S MAIDEN NAME

Mary Keck

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Mr. Howard R. Thatcher - 1509 John St.

18.

420.1
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

**Coronary occlusion
hypertension and arterio-sclerosis**

INTERVAL BETWEEN ONSET AND DEATH

about 1 hr.

18 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Feb 22, 1913**, to **July 20, 1951**, that I last saw the deceased alive on **July 20, 1951**, and that death occurred at **11 8** m., from the causes and on the date stated above.

23A. SIGNATURE

John A. Luetcher M. D.

23B. ADDRESS

12 E. Egan St Balto 220

23C. DATE SIGNED

2/13/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/14/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR

FEB 13 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Wm. J. Vickner & Sons

ADDRESS

Balto 1794a Md.

0111 51

0111 51

STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL

IN SENATE
JANUARY 10, 1911
REPORT
OF THE
COMMISSIONERS OF THE
LAND OFFICE
IN RESPONSE TO
RESOLUTION PASSED
JUNE 1, 1909

ALBANY:
J. B. LIPPINCOTT & CO.,
PRINTERS,
1911.

THE LAND OFFICE
OF THE STATE OF NEW YORK
HAS THE HONOR TO ACKNOWLEDGE
THE RECEIPT OF THE
REPORT OF THE
COMMISSIONERS OF THE
LAND OFFICE
IN RESPONSE TO
RESOLUTION PASSED
JUNE 1, 1909
AND TO TRANSMIT THE SAME
TO THE SENATE.

ATTEST:
JANUARY 10, 1911
JOHN C. BROWN,
CLERK OF THE SENATE.

RECEIVED
JANUARY 10, 1911
OFFICE OF THE ATTORNEY GENERAL

RECEIVED
JANUARY 10, 1911
OFFICE OF THE COMMISSIONERS OF THE LAND OFFICE

RECEIVED
JANUARY 10, 1911
OFFICE OF THE COMMISSIONERS OF THE LAND OFFICE

RECEIVED
JANUARY 10, 1911
OFFICE OF THE COMMISSIONERS OF THE LAND OFFICE

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **52 1420**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Louis G. Rigby

2. DATE
OF
DEATH

Feb. 13, 1952

3. PLACE OF DEATH:

☒ Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Maryland General Hospital

C. CITY OR TOWN

Shawnee Temple - 11 W. Mt. Vernon Pl.

D. STREET ADDRESS (If rural, give location)

11 Mt. Vernon

c. Length of stay in Baltimore

5. SEX

M.

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

B. DATE OF BIRTH

Dec. 28, 1896

9. AGE (In years last birthday)

55

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Machinist

10B. KIND OF BUSINESS OR INDUSTRY

unknown

11. BIRTHPLACE (State or foreign country)

New Castle

12. CITIZEN OF WHAT COUNTRY?

American

13. FATHER'S NAME

George A. Rigby

14. MOTHER'S MAIDEN NAME

Martha Stritmatter

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

unknown

16. SOCIAL SECURITY NO.

?

17. INFORMANT

John P. Holge

*107 W. Avenue Ave
New Castle Pa*

1B.

443 X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) *Cerebral vascular accident*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Hypertensive heart disease in decompensation*

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *Feb. 8, 1952* to *Feb. 13, 1952* that I last saw the deceased alive on *Feb. 13, 1952* and that death occurred at *5 A.m.* from the causes and on the date stated above.

23A. SIGNATURE

Geo. J. Lee

M. D.

23B. ADDRESS

Md. General Hospital

23C. DATE SIGNED

Feb. 13, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

2-13-52

24C. NAME OF CEMETERY OR CREMATORY

Oak Park

24D. LOCATION (City, town, or county)

New Castle Pa

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. Cobb Inc.

ADDRESS

1217 St Paul

FEB 13 1952

VS 150

54499

zone 2

937

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 1421**

BIRTH NO. **365**

1. NAME OF DECEASED
(Type or Print) **Edgar J. Heiderman**

2. DATE OF DEATH **Feb 12-52**

3. PLACE OF DEATH:

A. Baltimore City, Maryland **Balto.**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Md.**

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

4202 Arizona Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto 26-01

D. STREET ADDRESS (If rural, give location)

4202 Arizona Ave

C. Length of stay in Baltimore

Life

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 23 1886

9. AGE (In years last birthday)

65

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Receiving Clerk

10B. KIND OF BUSINESS OR INDUSTRY

May Co

11. BIRTHPLACE (State or foreign country)

Balto

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Charles M. Heiderman

14. MOTHER'S MAIDEN NAME

Margaret O'Neill

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

217-05-1718

17. INFORMANT

Dora E. Heiderman

ADDRESS

4202 Arizona Ave

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) **CORONARY ARTERY THROMBOSIS**

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

40 min.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **CORONARY ARTERIO-SCLEROSIS**

DUE TO

?

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **12/10, 1949** to **2/12, 1952** that I last saw the deceased alive on **FEB 12 1952** and that death occurred at **6:40 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE

W. W. Machin

23B. ADDRESS

6331 Belair Rd (6)

23C. DATE SIGNED

2/13/1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

FEB 14 - 52

24C. NAME OF CEMETERY OR CREMATORY

BALTIMORE CEMETERY

24D. LOCATION (City, town, or county)

NORTH AVE & CAY ST MD.

DATE RECEIVED BY LOCAL REGISTRAR

FEB 13 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

7110 Belair Rd.

ADDRESS

VS 150

342 60

94a

MARGIN RESERVED FOR BINDING

PLEASE WRITE legibly, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

ISM 30

RECEIVED BY DEATH

1931

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1424

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Samek, Jesse Esther

2. DATE
OF
DEATH

February 12, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

St. Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 31

c. Length of stay in Baltimore

Yrs.
Mos.
Days

419 N. Duncan Street

6-03

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

12-23-1897

9. AGE (In years
last birthday)

54

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Own home

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

JOSHUA A. LECOMPTÉ

14. MOTHER'S MAIDEN NAME

JOSEPH H. TURNER

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
FR. V. SAMEK 419 N. DUNCAN ST.

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Congestive Heart Failure.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B) Extensive Tuberculosis of lungs.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from February 12 19 52 to February 12 19 52 that I last saw the
deceased alive on Feb. 12, 19 52, and that death occurred at 2:40 pm., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

1400 N. Caroline Street

2-12-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

2-15-52

24C. NAME OF CEMETERY OR CREMATORY

OAK LAWN

24D. LOCATION (City, town, or county)

BALTIMORE MD

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

FRANK CVACHA SON, 900 N. CHESTER ST

FEB 13 1952

1 2 5 2 0 0 0 1 4 2 5

13B

MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1951

1951

CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of informant		11. Signature of witness		12. Signature of funeral director	
13. Signature of undertaker		14. Signature of cemetery		15. Signature of burial place		16. Signature of interment	
17. Signature of crematorium		18. Signature of cremation		19. Signature of cremation		20. Signature of cremation	
21. Signature of cremation		22. Signature of cremation		23. Signature of cremation		24. Signature of cremation	
25. Signature of cremation		26. Signature of cremation		27. Signature of cremation		28. Signature of cremation	
29. Signature of cremation		30. Signature of cremation		31. Signature of cremation		32. Signature of cremation	
33. Signature of cremation		34. Signature of cremation		35. Signature of cremation		36. Signature of cremation	
37. Signature of cremation		38. Signature of cremation		39. Signature of cremation		40. Signature of cremation	
41. Signature of cremation		42. Signature of cremation		43. Signature of cremation		44. Signature of cremation	
45. Signature of cremation		46. Signature of cremation		47. Signature of cremation		48. Signature of cremation	
49. Signature of cremation		50. Signature of cremation		51. Signature of cremation		52. Signature of cremation	
53. Signature of cremation		54. Signature of cremation		55. Signature of cremation		56. Signature of cremation	
57. Signature of cremation		58. Signature of cremation		59. Signature of cremation		60. Signature of cremation	
61. Signature of cremation		62. Signature of cremation		63. Signature of cremation		64. Signature of cremation	
65. Signature of cremation		66. Signature of cremation		67. Signature of cremation		68. Signature of cremation	
69. Signature of cremation		70. Signature of cremation		71. Signature of cremation		72. Signature of cremation	
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77. Signature of cremation		78. Signature of cremation		79. Signature of cremation		80. Signature of cremation	
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89. Signature of cremation		90. Signature of cremation		91. Signature of cremation		92. Signature of cremation	
93. Signature of cremation		94. Signature of cremation		95. Signature of cremation		96. Signature of cremation	
97. Signature of cremation		98. Signature of cremation		99. Signature of cremation		100. Signature of cremation	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 1422**

BIRTH NO. **52 1422**

1. NAME OF DECEASED (Type or Print) MARIE CROUSE			2. DATE OF DEATH Feb. 13, 1952		
3. PLACE OF DEATH: a. Baltimore City, Maryland Baltimore			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) a. STATE MARYLAND b. COUNTY FREDERICK		
5. FULL NAME OF HOSPITAL OR INSTITUTION UNIVERSITY HOSPITAL			c. CITY OR TOWN MOROVIC, Md. (If outside corporate limits, write RURAL and give township)		
c. Length of stay in Baltimore LIFE			o. STREET ADDRESS (If rural, give location) 4000		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Infant	8. DATE OF BIRTH Dec. 18 1951		9. AGE (In years last birthday) 21 Months: 25 Days: 25
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Infant	11. BIRTHPLACE (State or foreign country) Morovic, Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Crouse, Lewis			14. MOTHER'S MAIDEN NAME Janos, Betty		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. ---	17. INFORMANT ADDRESS Hospital Record		

18. 571.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ACIDOSIS - Dehydration 5 days		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Vomiting - Diarrhea		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19a. DATE OF OPERATION 2		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb 13, 1952 to Feb 13, 1952 that I last saw the deceased alive on Feb 13, 1952 and that death occurred at 10:30 a.m. , from the causes and on the date stated above.					
23a. SIGNATURE Mary E. Matthews		23b. ADDRESS University Hospital		23c. DATE SIGNED Feb. 13, 52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Feb 15 1952		24c. NAME OF CEMETERY OR CREMATORY Pine Grove	
24d. LOCATION (City, town, or county) (State) Carroll Co. Maryland		25. FUNERAL DIRECTOR ADDRESS C. M. Lutz, Winfield, Md.			
DATE RECEIVED BY LOCAL REGISTRAR FEB 13 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			

MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

REPORT OF INVESTIGATION
DATE: 12/15/68

STATE OF NEW YORK

JOHN J. CONNELLEY
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STATE OF NEW YORK

JOHN J. CONNELLEY
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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1423

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

James Leo Byrnes

2. DATE
OF
DEATH

2-12-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

2000 Bank Street

Yrs.
Mos.
Days

c. Length of stay in Baltimore

Life

5. SEX

M.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

4-5-93

9. AGE (in years
last birthday)

58

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Painter

10B. KIND OF BUSINESS OR
INDUSTRY

Self Employed

11. BIRTHPLACE (State or foreign country)

Baltimore - Md

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

John Byrnes

14. MOTHER'S MAIDEN NAME

Anna E.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Michael E Byrnes - 2000 Bank St

18.

420.0 I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Arteriosclerotic heart disease

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

2-3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.lobar pneumonia
chronic bronchitis (from history)2-3 days
years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

NOT WHILE

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 12, 1952, to Feb. 12, 1952, that I last saw the
deceased alive on Feb. 12, 1952, and that death occurred at 5:20 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Sigmund R. Nowak

M. O.

23B. ADDRESS

408 S. Patterson Park Ave.

23C. DATE SIGNED

Feb. 13, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

2-15-54

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn

24D. LOCATION (City, town, or county)

Baltimore - Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

L. J. Kelly & Son 403 S. Wolfe St

FEB 13 1952

VS 150

56424

108

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Nowak
408 S. Patterson P.R. Ave

L-263
58 1425BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1425

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HOWARD IRVIN LOCKARD

2. DATE
OF
DEATH

2-10-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE MD.

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
location)HOSPITAL OR
INSTITUTION

2013 W. BALTIMORE ST.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTO.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2013 W. BALTIMORE ST.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
MARRIED

8. DATE OF BIRTH

MARCH 28, 1885

9. AGE (in years
last birthday)

66

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

ESTIMATOR

10B. KIND OF BUSINESS OR
INDUSTRY

FOUNDRY

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

JAMES I. LOCKARD

14. MOTHER'S MAIDEN NAME

JANE MAY KRAFT

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Edward Lockard 2013 W. Balto. ST.

18.

151X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Malignancy of stomach

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

4 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19____, to 2-10-52, 19____, that I last saw the
deceased alive on 2-10-52, 19____, and that death occurred at 10 P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

1945 W. Baltimore St.

23C. DATE SIGNED

2-12-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2-14-52

24C. NAME OF CEMETERY OR CREMATORY

WESTERN CEM.

24D. LOCATION (City, town, or county)

BALTO.

(State)

MD.

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 14 1952

Huntington Williams, M.D. George D. Foley - Fulton Ave. Fayetteville

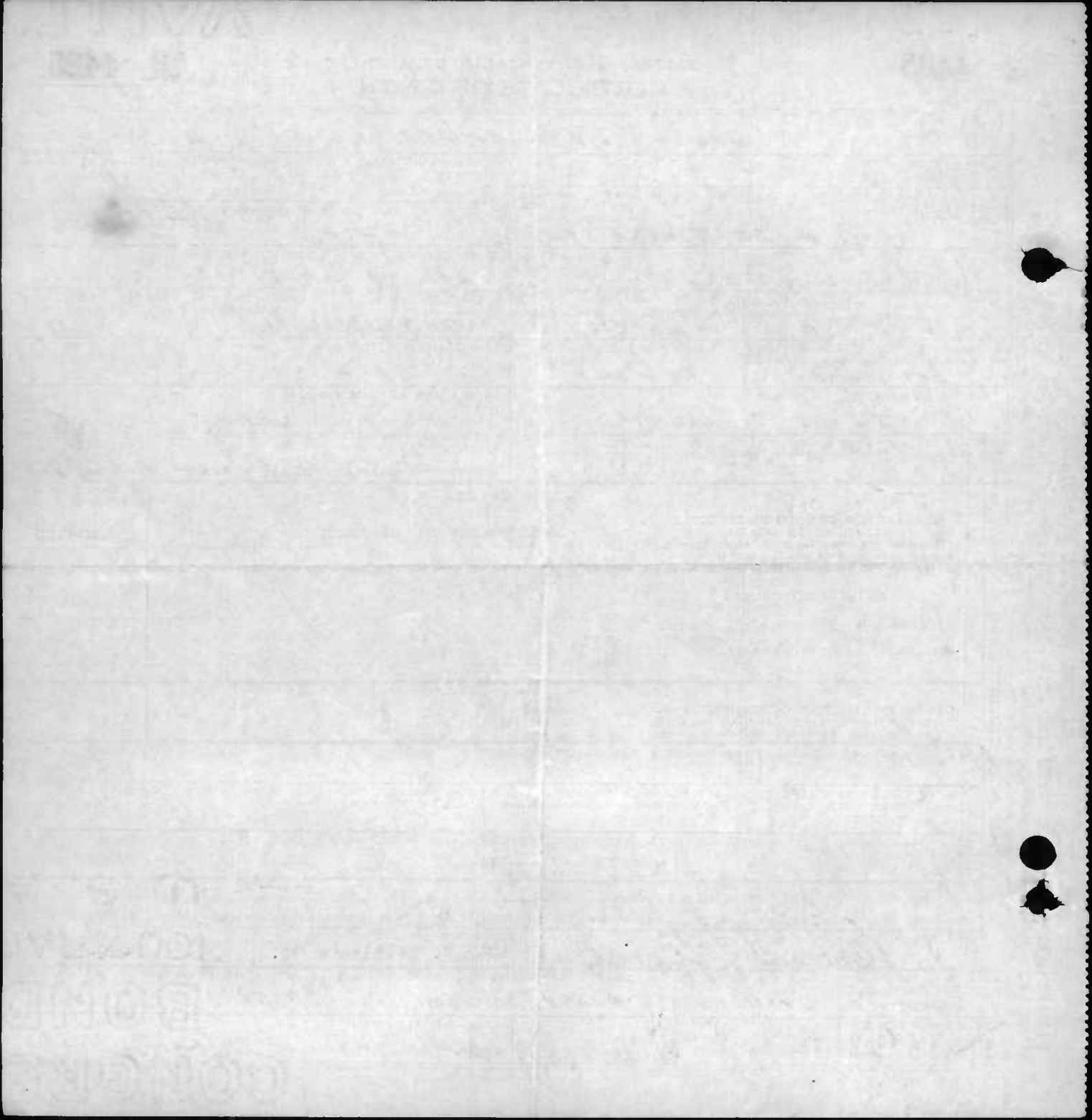
VS 150

3903L

46B

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK. Every item of information should be fully supplied. The correct age is especially important. Physicians please write the causes of death clearly and legibly.



D# 500
52 1426BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

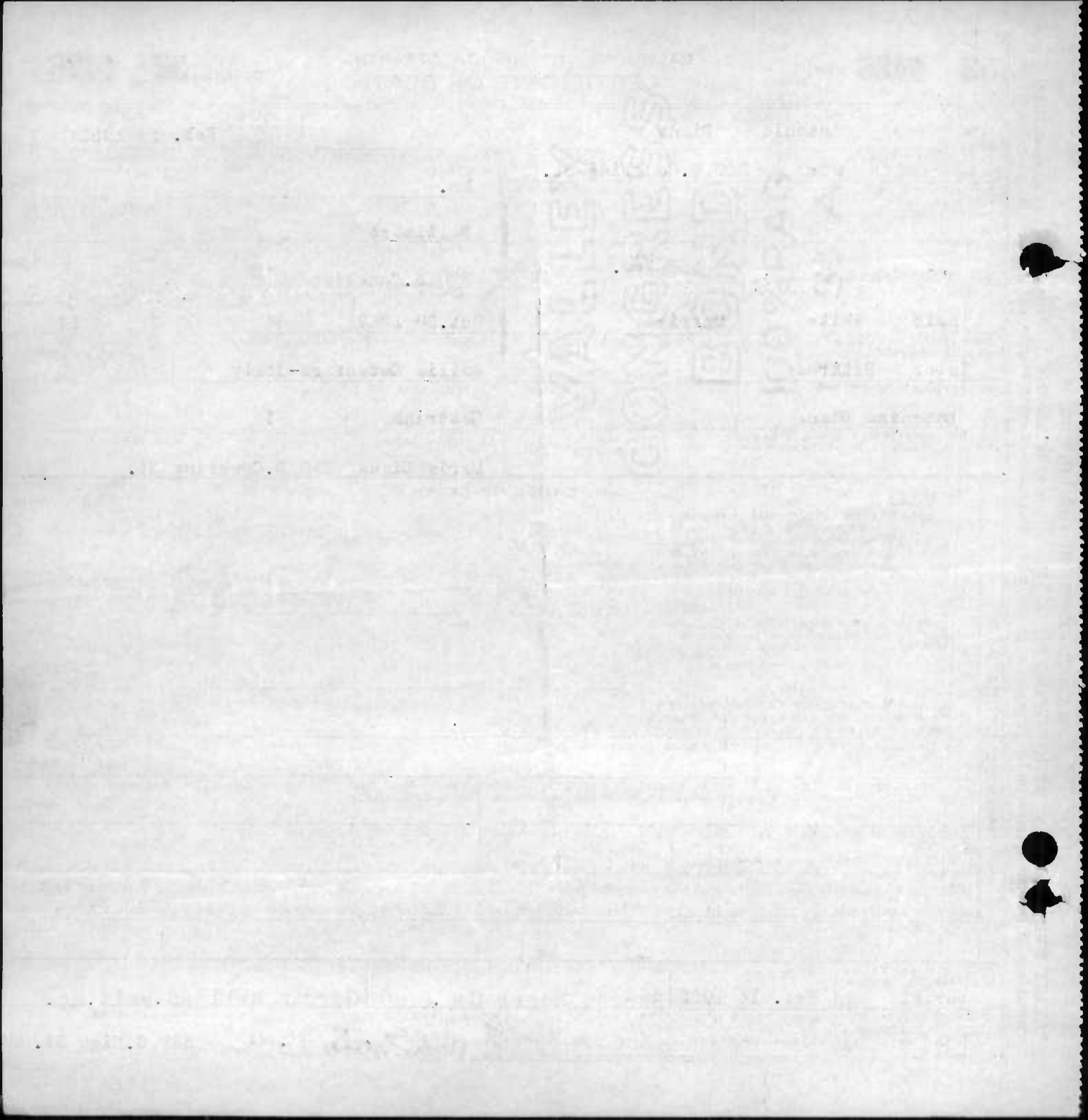
Registered No. 52 1426

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Antonio Diana			2. DATE OF DEATH Feb. 11 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland 220 S.Conkling St.			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 56 Yrs. Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 220 S.Conkling		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 30 1867	9. AGE (In years, last birthday) 84	10. Under 1 Year Months: Days 3 11
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor Retired			11. BIRTHPLACE (State or foreign country) Sallia Catanzaro-Italy		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Domenico Diana			14. MOTHER'S MAIDEN NAME Caterina ?		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Maria Diana 220 S.Conkling St.		

18. 4 yrs. 11 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) INTERCURRENT CAUSES DUE TO (A) Intermittent Cardiac Disease ANTECEDENT CAUSES DUE TO (B) Generalized Arteriosclerosis DUE TO (C) Other significant conditions contributing to the death, but not related to the disease or condition causing it.	CAUSE OF DEATH INTERCURRENT CAUSES DUE TO (A) Intermittent Cardiac Disease ANTECEDENT CAUSES DUE TO (B) Generalized Arteriosclerosis DUE TO (C) Other significant conditions contributing to the death, but not related to the disease or condition causing it.	INTERVAL BETWEEN ONSET AND DEATH
--	--	----------------------------------

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 9-24-51 , 19__, to 2-11-52 , 19__, that I last saw the deceased alive on 2-7-52 , 19__, and that death occurred at 6:40 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE John Constantine, M.D.		23B. ADDRESS 234 S. Conkling St.		23C. DATE SIGNED 2-12-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE Feb. 14 1952	24C. NAME OF CEMETERY OR CREMATORY Sacred Heart Cem.		24D. LOCATION (City, town, or county) (State) German Hill Rd. Balt. Md.	
DATE RECEIVED BY LOCAL REGISTRAR FEB 14 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS 322 S. High St.	



PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **52 1427**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Marie Fuchs

2. DATE
OF
DEATH

2-12-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto -

B. FULL NAME OF HOSPITAL OR INSTITUTION

1015 S. Kenwood Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write FULL and give township)

Balto - Tra 1-01

D. STREET ADDRESS (If rural, give location)

1015 S. Kenwood Ave

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9-3-01

9. AGE (In years last birthday)

50

If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Housewife

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

Jeller

14. MOTHER'S MAIDEN NAME

Lillian Jeller

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Caroline Jankiewicz - 3115 Fata Ave

18.

592X I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

(A) *Hypertensive Cardio Vascular*

DUE TO *dissect.*

(B) *Chronic Hemorrhagic Nephritis.*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *8-28*, 19*48*, to *2-12*, 19*52*, that I last saw the deceased alive on *2-12*, 19*52*, and that death occurred at *m.*, from the causes and on the date stated above.

23A. SIGNATURE

Edward A. Flanagan Jr.

M. D.

23B. ADDRESS

3501 Fair Ave.

23C. DATE SIGNED

2-12-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2-16-52

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Balto - Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

FEB 14 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Lillian Jeller ch. 403 S. W. 8th

ADDRESS

7541 51

UNITED STATES DEPARTMENT OF AGRICULTURE

WASHINGTON, D. C.

OFFICE OF THE ASSISTANT SECRETARY FOR TECHNICAL ASSISTANCE

TECHNICAL ASSISTANCE TO THE DEVELOPING COUNTRIES

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TECHNICAL ASSISTANCE TO THE DEVELOPING COUNTRIES

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1428

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Snyder, Opal William

2. DATE
OF
DEATH

2/12/52

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md. Balt.

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Church Home & Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Dundalk

Rural

D. STREET ADDRESS (If rural, give location)

1807 Portship Rd. 5300

c. Length of stay in Baltimore

25

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

April 2, 1898

9. AGE (In years last birthday)

53

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

West Va.

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Conn. John Ireland

14. MOTHER'S MAIDEN NAME

Seanay Bolyard W. Va.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

Snyder, Dennis

ADDRESS

1807 Portship Rd.

18. 416X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

Cardiac dilatation & insufficiency, Enlarged Prostate & Hemorrhoid

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Rheumatic heart disease, Mitral stenosis, Left lung

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Pulmonary Infections

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/20/51, 19__, to 2/12/52, 19__, that I last saw the deceased alive on 2/12/52, 19__, and that death occurred at 1:10 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. Antonio

23B. ADDRESS

Church Home & Hospital

23C. DATE SIGNED

2/12/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

2/15/52

24C. NAME OF CEMETERY OR CREMATORY

OAK LAWN

24D. LOCATION (City, town, or county)

Balt. Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Walter Bolyard, Dundalk, Md.

ADDRESS

FEB 14 1952

95B

OFFICE OF THE
COMMISSIONER OF THE
LAND OFFICE

STATE OF CALIFORNIA
COUNTY OF SAN DIEGO

BEFORE ME, the undersigned authority, on this day personally appeared _____

known to me to be the person whose name is subscribed to the foregoing instrument,

and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____, 1931.

Notary Public in and for the State of California

My commission expires this _____ day of _____, 1931.

WITNESSES my hand and seal of office this _____ day of _____, 1931.

Notary Public in and for the State of California

My commission expires this _____ day of _____, 1931.

WITNESSES my hand and seal of office this _____ day of _____, 1931.

Notary Public in and for the State of California

My commission expires this _____ day of _____, 1931.

WITNESSES my hand and seal of office this _____ day of _____, 1931.

Notary Public in and for the State of California

My commission expires this _____ day of _____, 1931.

WITNESSES my hand and seal of office this _____ day of _____, 1931.

Notary Public in and for the State of California

My commission expires this _____ day of _____, 1931.

WITNESSES my hand and seal of office this _____ day of _____, 1931.

Notary Public in and for the State of California

My commission expires this _____ day of _____, 1931.

WITNESSES my hand and seal of office this _____ day of _____, 1931.

CC

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MA

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 1429BIRTH NO. 52 1429

1. NAME OF DECEASED (Type or Print) <u>MARY L. HANRAHAN</u>		2. DATE OF DEATH <u>2/12/52</u>	
3. PLACE OF DEATH A. Baltimore City, Maryland <u>134 HOMESTEAD ST</u>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>MD</u> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>00</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>BALTO 9-05</u>	
c. Length of stay in Baltimore <u>25 YRS</u> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <u>1134 HOMESTEAD ST</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>WHT</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>OCT 18/1885</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, if retired) <u>NONE</u>		9. AGE (In years last birthday) <u>66</u> If Under 1 Year Months: Days If Under 24 Hours Hours: Min.	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>ST MARY'S COUNTY MD</u>	
13. FATHER'S NAME <u>GEO. W. COMBS</u>		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME <u>MARTHA E. FOWLER</u>	
16. SOCIAL SECURITY NO.		17. INFORMANT <u>MRS L. GREEN/134 HOMESTEAD ST</u>	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>420.11</u> <u>Coronary Thrombosis</u>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES	(A) DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(C) DUE TO	

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>January 1952</u> to <u>Feb 12, 1952</u> that I last saw the deceased alive on <u>Feb 12, 1952</u> , and that death occurred at <u>STEP</u> P. m., from the causes and on the date stated above.					
23A. SIGNATURE <u>William H. Festing</u>		23B. ADDRESS <u>11 E. Chase St.</u>		23C. DATE SIGNED <u>2-14-52</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24B. DATE <u>2/17/52</u>	24C. NAME OF CEMETERY OR CREMATORY <u>NEW CATHEDRAL</u>	24D. LOCATION (City, town, or county) (State) <u>EDMONDSON AVE</u>		
DATE RECEIVED BY LOCAL REGISTRAR <u>FEB 14 1952</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>	25. FUNERAL DIRECTOR <u>GEO LEMBACH</u>		ADDRESS <u>528 LYNATHURST ST</u>	

Q541 58

Q541 58



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 1430
Registered No. _____

600
52 1430
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) SAMUEL PERRY			2. DATE OF DEATH FEB 13 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION 42 SINAI Hosp.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 27-17		
c. Length of stay in Baltimore 40 Yrs. 40 Mos. 40 Days			D. STREET ADDRESS (If rural, give location) 5018 PIMLICO RD		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH Dec 25 1886	9. AGE (In years last birthday) 65	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor		10B. KIND OF BUSINESS OR INDUSTRY Tailor - self	11. BIRTHPLACE (State or foreign country) Russia		12. CITIZEN OF WHAT COUNTRY? _____
13. FATHER'S NAME Harold			14. MOTHER'S MAIDEN NAME Gertrude		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT Catherine Perry - Same		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____		16. SOCIAL SECURITY NO. _____	ADDRESS _____		

18. 420.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		Congestive Heart Failure	
ANTECEDENT CAUSES		(B) DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		Atherosclerotic Heart Disease	
(C) DUE TO			

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION _____		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from Feb 10, 1952 to Feb 13, 1952 , that I last saw the deceased alive on Feb 13, 1952 and that death occurred at 3:00 P.m. , from the causes and on the date stated above.					
23A. SIGNATURE S. Norman Cherry		23B. ADDRESS 5018 Pimlico Rd		23C. DATE SIGNED 2/13/52	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2-15-52		24C. NAME OF CEMETERY OR CREMATORY Hebrew Friendship		24D. LOCATION (City, town, or county) (State) Balto Md	
DATE RECEIVED BY LOCAL REGISTRAR FEB 14 1952		REGISTRAR'S SIGNATURE Huntington Walling		25. FUNERAL DIRECTOR W. Back Lewis		ADDRESS 2100 Canton Pl	

VS 150

5906E

93D

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

1030

1030

1030

1030

1030

1030



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 1431**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EHAN BAKER

2. DATE
OF
DEATH

Feb 13, 1952

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

MARYLAND

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

42 Sinai Hosp

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 15-37

D. STREET ADDRESS (If rural, give location)

3300 Prokator Ave.

C. Length of stay in Baltimore

60 Yrs. Mos. Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

9. AGE (In years last birthday)

78

10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

retired

10B. KIND OF BUSINESS OR INDUSTRY

Clothing Mfg

11. BIRTHPLACE (State or foreign country)

Lith

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Ephraim

14. MOTHER'S MAIDEN NAME

Truma Leph

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Pauline Baker - Same

18.

420.0 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Acute myocardial infarction**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Arteriosclerotic Heart Disease**

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Feb 12, 1952** to **Feb 13, 1952** that I last saw the deceased alive on **Feb 13, 1952** and that death occurred at **2:30 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE

Robert Sandler M.D.

23B. ADDRESS

Seneca House

23C. DATE SIGNED

2/13/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2-14-52

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Hebrew

24D. LOCATION (City, town, or county) (State)

Balto, Md

DATE RECEIVED BY LOCAL REGISTRAR

FEB 14 1952

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Jack Levinson 2100 Cutaw Pl

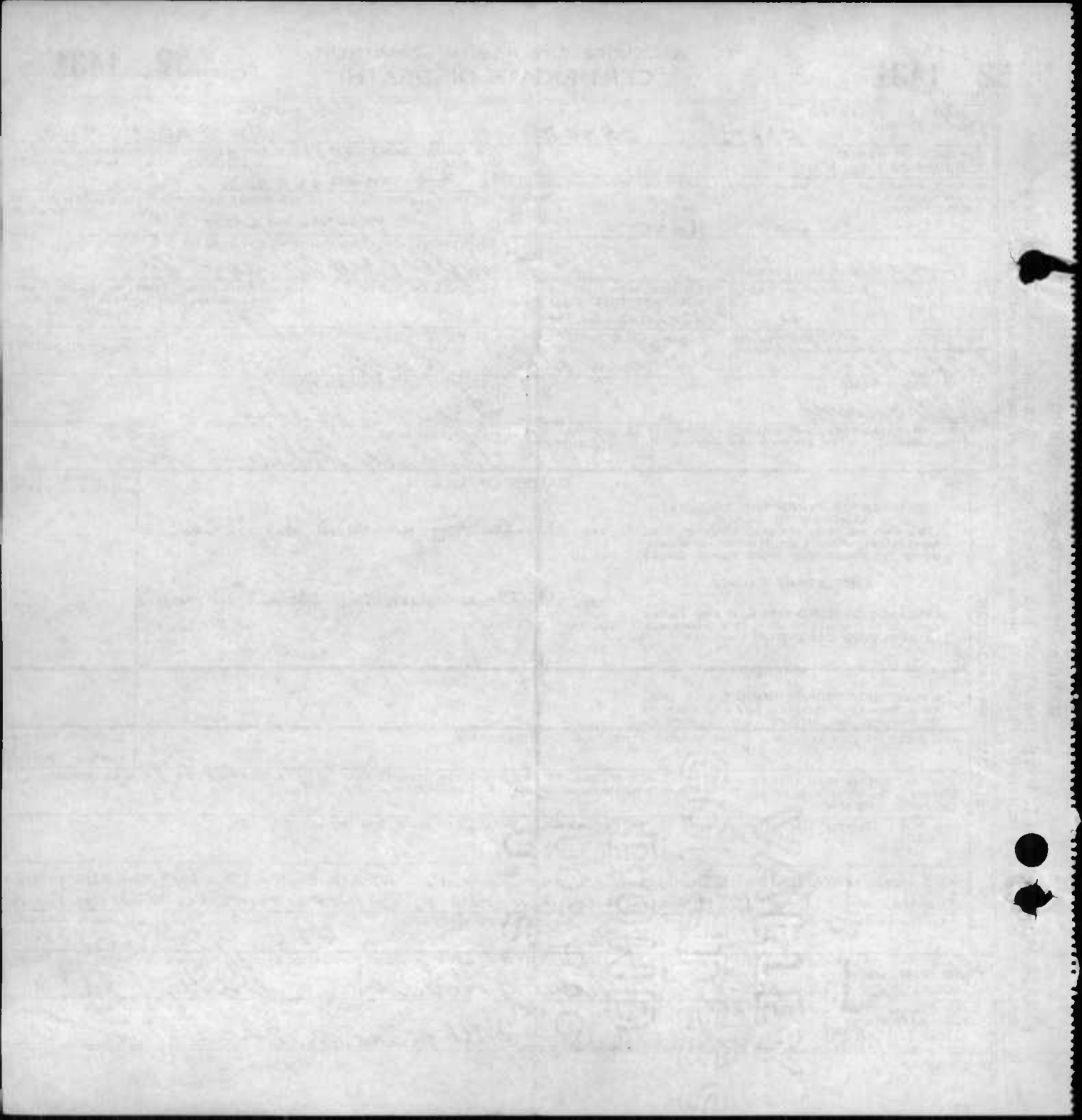
ADDRESS

VS 150

937

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1432
Registered No.

BIRTH NO. 52 1432		2. DATE OF DEATH Feb 12, 1952	
1. NAME OF DECEASED (Type or Print) Roger C. Manko		2. DATE OF DEATH Feb 12, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland 817 St. Paul St		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore City	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Madison Apartments		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore City	
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 817 St. Paul St.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug 16, 1985
9. AGE (in years last birthday) 66	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retail Shoe Business	11. BIRTHPLACE (State or foreign country) Baltimore City	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Henry B.	14. MOTHER'S MAIDEN NAME Sophie Kahn	17. INFORMANT Rana H. Manko 817 St. Paul St.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No	16. SOCIAL SECURITY NO.	ADDRESS	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 1 hour	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Coronary Thrombosis Hypertension Obstructive pulmonary disease		3 years	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 49, 1952, to Feb. 12, 1952, that I last saw the deceased alive on Feb. 12, 1952, and that death occurred at 6:10 P.m., from the causes and on the date stated above.			
23A. SIGNATURE R. E. Wice		23B. ADDRESS 920 St. Paul St.	23C. DATE SIGNED Feb. 13, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Feb. 14, 1952	24C. NAME OF CEMETERY OR CREMATORY Baltimore Hebrew Cem.	24D. LOCATION (City, town, or county) (State) Baltimore Md.
DATE RECEIVED BY LOCAL REGISTRAR FEB 14 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. GENERAL SHERIFF'S ADDRESS David H. Martin 1902 Rutaw Pl.	

SEM 1

SEM 2



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1433

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARIE DYSON DUGHINS

2. DATE
OF
DEATH

2/18/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

PROVIDENT HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give
township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

732 W. SARATOGA ST REET

C. Length of stay in Baltimore

LIF E

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

8/9/1918

9. AGE (In years
last birthday)

33

10. Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

CLERK

10B. KIND OF BUSINESS OR
INDUSTRY

DECORATING CO.

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MD.

12. CITIZEN OF
WHAT COUNTRY?

U.S. A.

13. FATHER'S NAME

NORMAN DYSON

14. MOTHER'S MAIDEN NAME

GLADYS HALL

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

NO

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

GLADYS WARD (M) 732 W. SARATOGA ST.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) ...
DUE TOCoronary Occlusion
Coronary Sclerosis

2 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) ...
DUE TO
(C) ...II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/9/52, 1952, to 2/12/52, 1952, that I last saw the
deceased alive on 2/12/52, 1952, and that death occurred at 2:40 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 14 1952

Huntington, Williams, M.D.

CHARLES G. COOPER-512 CARROLLTON AV.

VS 150

3906 G Charles Cooper 794a

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

MARGIN RESERVED FOR BINDING

1941

1941



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 1434

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)Douglas Meadows2. DATE
OF
DEATHFebruary 13, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

HL-4W

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Ohio

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Dayton

D. STREET ADDRESS (If rural, give location)

4237 Richland DriveB. FULL NAME OF
HOSPITAL OR
INSTITUTIONJOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)Single

8. DATE OF BIRTH

7-10-519. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.7 310A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Ohio12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

RALPH MEADOWS

14. MOTHER'S MAIDEN NAME

Alma SEALS15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18.

776 X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-9, 1952, to 2-13, 1952, that I last saw the
deceased alive on 2-13, 1952, and that death occurred at 11:58 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town or county)

(State)

RemovalFeb-14-52Dayton OhioDayton OhioDATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 14 1952Huntington Williams, M.D.City of Dayton Funeral Home

VS 150

403-E-25th St159 Bath-18-2nd

THE JOHNS HOPKINS HOSPITAL

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S-162
52 1435

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1435

1. NAME OF DECEASED (Type or Print) <i>Evotados Spyros</i>		2. DATE OF DEATH <i>2-11-1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Maryland</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY <i>St</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>40 St. Agnes Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 14-01</i>	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location)	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY <i>Restourant</i>	9. AGE (In years last birthday) <i>60</i>
11. BIRTHPLACE (State or foreign country) <i>Greece</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>George</i>		14. MOTHER'S MAIDEN NAME <i>Stella</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>K. Pilleris</i>		ADDRESS <i>3901 Annelen Rd</i>	
18. <i>157X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Metastatic Adeno-Car</i> DUE TO <i>Adeno-Carcinoma, Head of Pancreas</i> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Generalized Arteriosclerosis</i>		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>2-5-52</i>		19B. MAJOR FINDINGS OF OPERATION <i>Adeno-Carcinoma, pancreas, metastatic</i>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>2/26</i> , 19 <i>52</i> , to <i>2/11</i> , 19 <i>52</i> that I last saw the deceased alive on <i>2/11</i> , 19 <i>52</i> and that death occurred at <i>8:30</i> m., from the causes and on the date stated above.			
23A. SIGNATURE <i>Stephen H. Paduano</i>		23B. ADDRESS <i>St. Agnes Hospital</i>	
23C. DATE SIGNED <i>2/12/52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>2-13-52</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Greek Cemetery</i>		24D. LOCATION (City, town, or county) (State) <i>Windsor Mill Rd.</i>	
25. FUNERAL DIRECTOR <i>Huntington Williams, MD</i>		ADDRESS <i>Leporello Ave 440-E-North Av.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 14 1952</i>		REGISTRAR'S SIGNATURE <i>2906M</i>	

Funeral Home

469

[Faint, illegible handwritten text, likely bleed-through from the reverse side of the page.]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 1436**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Catherine A. Swann

2. DATE
OF
DEATH

2-12-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
MarylandB. COUNTY
CityB. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

1617 Normal Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1617 Normal Avenue

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Oct. 26th., 1861

9. AGE (in years
last birthday)

90

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Joseph Swann

14. MOTHER'S MAIDEN NAME

Catherine Garrity

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL
SECURITY NO.
None

17. INFORMANT

ADDRESS

Mr. Thomas J. Ennis-1617 Normal Avenue

18.

420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Thrombosis, Coronary Artery 2 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONOITION CAUSING IT.

Arteriosclerosis, Generalized

Undetermined

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2 Feb, 1952, to 12 Feb 52, 1952, that I last saw the deceased alive on 7 Feb, 1952, and that death occurred at 2 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Edmondson L. J. Hall

M. D.

23B. ADDRESS

7425 Harford Rd (14) Feb 13 '52.

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2-15-1952

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cemetery

24D. LOCATION (City, town, or county)

Edmondson Ave., Balto: Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

George J. Ruth, Inc.-1735 Harford Avenue

FEB 14 1952

94a

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 1437**

1. NAME OF DECEASED (Type or Print) LEONARD J. WUST		2. DATE OF DEATH February 12, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 424 N. Greene St.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH July 31, 1877
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired- Self		10B. KIND OF BUSINESS OR INDUSTRY Grocery	9. AGE (In years last birthday) 74
13. FATHER'S NAME John P. Wust		11. BIRTHPLACE (State or foreign country) Maryland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		12. CITIZEN OF WHAT COUNTRY? USA	
16. SOCIAL SECURITY NO. ?		14. MOTHER'S MAIDEN NAME Anna ?	
17. INFORMANT Mr. Leonard M. Carver		ADDRESS 4204 Milford Mill Rd	

<p>18. E 812.4 CAUSE OF DEATH</p> <p>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)</p> <p>(A) Skull fracture Subdural hemorrhage</p> <p>ANTECEDENT CAUSES</p> <p>(B) Subarachnoid hemorrhage Contusion of brain</p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p> <p>II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>	<p>INTERVAL BETWEEN ONSET AND DEATH</p>
--	---

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Street		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Paca and Franklin Sts., intersection.	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY February 12, 1952		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Struck by auto while crossing street.	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William V. Lovett</i>		23B. CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR		23C. DATE SIGNED Feb. 13, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Feb. 15, 1952		24C. NAME OF CEMETERY OR CREMATORY Western Cem.	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.					

DATE RECEIVED BY LOCAL REGISTRAR FEB 14 1952		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>Wm. J. ...</i>	
ADDRESS Balto Md					

V S 151

N-80312

2906A

170c

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1438

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Calvin Lindsey

2. DATE
OF
DEATH

2-13-52

3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)
A. STATE Maryland B. COUNTY5. FULL NAME OF
HOSPITAL OR
INSTITUTION
(If not in hospital or institution, give street address or
location)

44 Union Memorial Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)
Baltimore 18-27-19

c. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)

5603 Magnolia Ave

6. SEX

Male

7. COLOR OR RACE

White

8. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

9. DATE OF BIRTH

Nov 7, 1881

10. AGE (In years,
last birthday)

60

11. Under 1 Year

Months: Days

12. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Vice President

10B. KIND OF BUSINESS OR
INDUSTRY

Builder

11. BIRTHPLACE (State or foreign country)

Iowa

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

John Lindsey

14. MOTHER'S MAIDEN NAME

Isabel Cherry

15. WAS DECEASED EVER IN U. S. ARMED FORCES
(Yes, no or unknown) (If yes, give war or dates of service)

--no

16. SOCIAL
SECURITY NO.

213-03-2155

17. INFORMANT

Mrs. Minnie F. Lindsey - 5603 Magnolia Av

ADDRESS

1B.

420.1 I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Myocardial Infarction

DUE TO

ANTECEDENT CAUSES

(B) Coronary Arteriosclerosis

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-28, 1952 to 2-13, 1952, that I last saw the
deceased alive on 2-13, 1952, and that death occurred at 8:55 a. m., from the causes and on the date stated above.

23A. SIGNATURE

James A. Ford

M. D.

23B. ADDRESS

Union Memorial Hosp.

23C. DATE SIGNED

2-13-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/16/52

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

2400 G. J. L. & Sons 94a

ADDRESS

Baltimore, Md.

FEB 14 1952

VS 150

29024

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 1439
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) FANNIE MAY HUGHLETT			2. DATE OF DEATH Feb. 13, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION 2907 Walbrook Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 2907 Walbrook Ave.		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Mar. 3, 1875		9. AGE (In years last birthday) 76
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? _____
13. FATHER'S NAME George Biddison			14. MOTHER'S MAIDEN NAME Rachel Prime		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT ADDRESS Mr. A. F. Hughlett - 2907 Walbrook Ave.		

<p>18. 422.1.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)</p> <p>ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p> <p align="center">II</p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>	<p align="center">CAUSE OF DEATH</p> <p>(A) Bronchopneumonia DUE TO _____</p> <p>(B) Arterio sclerosis - chronic DUE TO _____</p> <p>(C) Chronic Endocarditis - chronic DUE TO _____</p>		<p>INTERVAL BETWEEN ONSET AND DEATH 10 days 2 years 6 days</p>
--	--	--	---

19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Jan. 2 - 1951 , to Feb. 13 , 19 52 , that I last saw the deceased alive on Feb. 13 - 1952 , and that death occurred at 7 P. m., from the causes and on the date stated above.				
23A. SIGNATURE M. McDermaid		23B. ADDRESS 1136 Poplar Grove St		23C. DATE SIGNED 2/14/52

24A. BURIAL / CREMATION, REMOVAL (Specify) Burial	24B. DATE 2/16/52	24C. NAME OF CEMETERY OR CREMATORY Moreland Mem. Pk.	24D. LOCATION (City, town, or county) (State) Balto., Md.
DATE RECEIVED BY LOCAL REGISTRAR FEB 14 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR St. M. J. Pickens & Sons	
VS 150		ADDRESS Balto Md	

131a

MARGIN RESERVED FOR BINDING
PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1440

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ruth Dorothy Mabel

2. DATE
OF
DEATH

2-12-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

Baltimore City Hospitals

4940 Eastern Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

722 W. Lexington St.

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

N

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH

Oct. 27, 1944

9. AGE (In years
last birthday)

7

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Andrew

(D)

14. MOTHER'S MAIDEN NAME

Thelma Moore

(D)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Records-Baltimore City Hospitals
4940 Eastern Avenue

18.

E 916.0 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Anoxia due to Anemia

DUE TO

36 Hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

CERTIFICATION APPROVED BY

William V. Loefer M. D.
CHIEF OR ASST. MEDICAL EXAMINER.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

1-29-52

19B. MAJOR FINDINGS OF OPERATION

2-12-52

Skin Grafts

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH Accident21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)
at home21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

722 W. Lexington St-23

4/2

21D. TIME (Month) (Day) (Hour)
OF INJURY

1- 9- 52

21E. INJURY OCCURRED

WHILE AT ☐ WORKNOT WHILE ☒ AT WORK

21F. HOW DID INJURY OCCUR?

Dress caught fire from coal Stove.

22. I hereby certify that I attended the deceased from 1-9-1952, to 2-12-1952, that I last saw the
deceased alive on 2-12-1952, and that death occurred at 5:15 P. M., from the causes and on the date stated above.

23A. SIGNATURE

P. S. Crogen

M. D.

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED

Feb. 14, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/16/52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary Cem

24D. LOCATION (City, town, or county)

A. G. C. Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Jackson Perna one

ADDRESS

916

FEB 14 1952

VS 150

N-994X

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100

DEPARTMENT OF HEALTH
OFFICE OF DEATH

100-10000

1. Name of Deceased	
2. Sex	
3. Age	
4. Date of Birth	
5. Date of Death	
6. Place of Death	
7. Cause of Death	
8. Signature of Physician	
9. Signature of Registrar	
10. Signature of Coroner	

11. Name of Deceased	
12. Sex	
13. Age	
14. Date of Birth	
15. Date of Death	
16. Place of Death	
17. Cause of Death	
18. Signature of Physician	
19. Signature of Registrar	
20. Signature of Coroner	

21. Name of Deceased	
22. Sex	
23. Age	
24. Date of Birth	
25. Date of Death	
26. Place of Death	
27. Cause of Death	
28. Signature of Physician	
29. Signature of Registrar	
30. Signature of Coroner	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

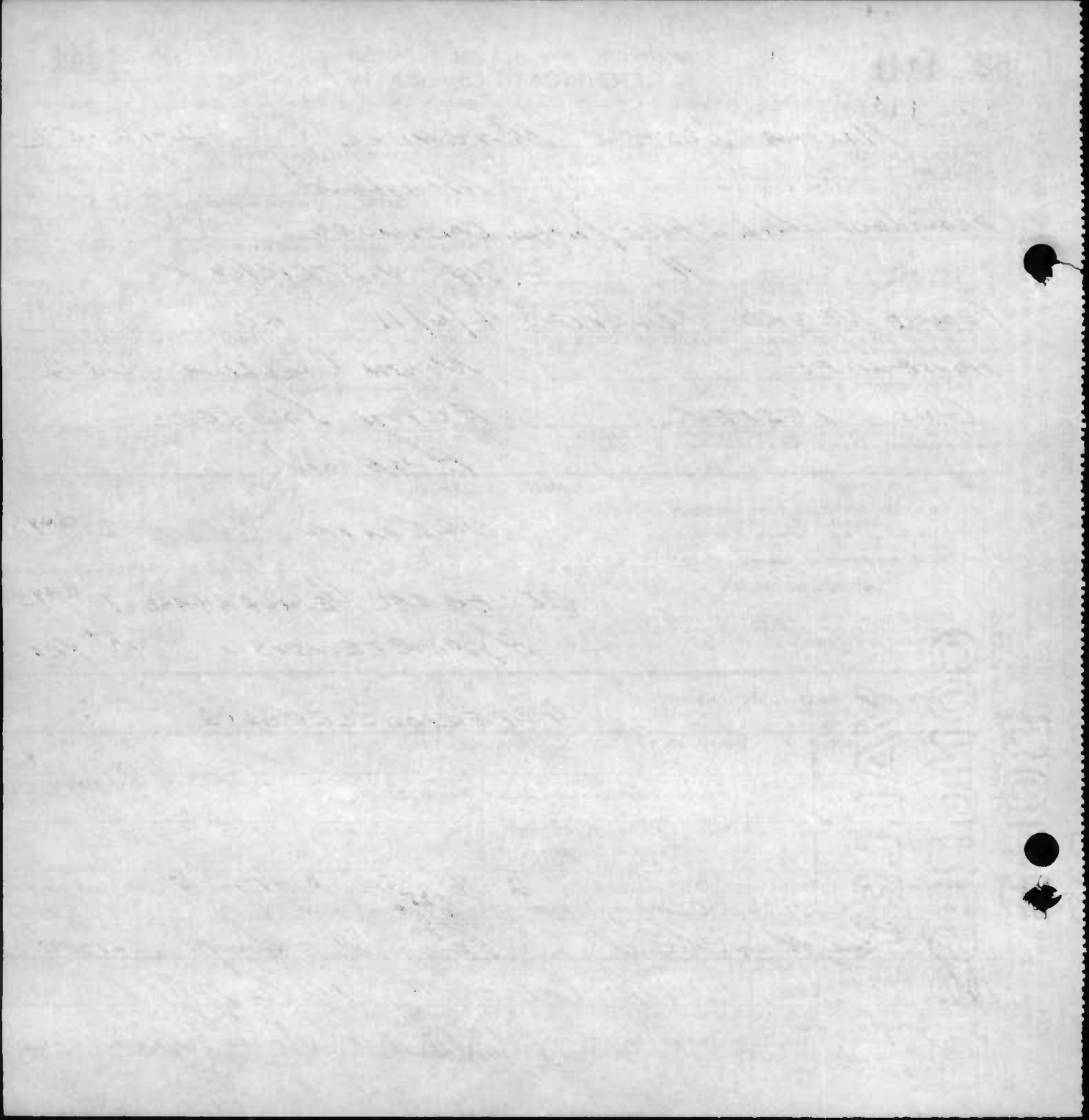
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1441

BIRTH NO. <u>52 1441</u>	
1. NAME OF DECEASED (Type or Print) <u>MARTHA LESTER MITCHELL</u>	
2. DATE OF DEATH <u>2-12-52</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland	
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>	
5. FULL NAME OF (If not in hospital or institution, give street address or location) <u>PROVIDENT HOSPITAL</u>	
6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>	
7. STREET ADDRESS (If rural, give location) <u>314 N. STRICKER</u>	
8. DATE OF BIRTH <u>4/6/11</u>	
9. AGE (In years last birthday) <u>40</u>	
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	
11. BIRTHPLACE (State or foreign country) <u>NORTH CAROLINA</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>GUS LESTER</u>	
14. MOTHER'S MAIDEN NAME <u>EDITH SANDERS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.	
17. INFORMANT <u>HUSBAND</u>	
ADDRESS	

18. <u>331X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO (A) <u>UREMIA</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 DAYS</u>	CAUSE OF DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) <u>CEREBRAL HEMORRHAGE</u> <u>9 DAYS</u> (C) <u>HYPERTENSION</u> <u>10+ yrs.</u>	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <u>ARTERIOSCLEROSIS</u>	

19A. DATE OF OPERATION <u>0</u>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>2-4-52</u> , to <u>2-12-52</u> that I last saw the deceased alive on <u>2-12-52</u> and that death occurred at <u>6:25 AM</u> , from the causes and on the date stated above.		
23A. SIGNATURE <u>Judith A. Feid</u> M. D.	23B. ADDRESS <u>Bowdoin Hosp.</u>	23C. DATE SIGNED <u>2-12-52</u>
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>2/16/52</u>	24C. NAME OF CEMETERY OR CREMATORY <u>St. Calvary Con. A.C. Md.</u>
24D. LOCATION (City, town, or county) (State) <u>Huntington, W. Va.</u>	25. FUNERAL DIRECTOR <u>W. L. Jackson</u>	ADDRESS <u>Penn a</u>



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1442

BIRTH NO. 52 1442 678492

1. NAME OF DECEASED (Type or Print) EARL RONALD RICH			2. DATE OF DEATH 2-7-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) UNIVERSITY HOSP			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 16-04		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 1921 Harlem Ave.		
5. SEX M-	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH MAY 12 1905		9. AGE (In years last birthday) 3
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME William Rich			14. MOTHER'S MAIDEN NAME Conie Jones		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.	17. INFORMANT Mother - 1921 Harlem Ave		

18. 193X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) NEURO BLASTOMA			INTERVAL BETWEEN ONSET AND DEATH 7		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. MULTIPLE METASTASIS					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION JAN, 1952		19B. MAJOR FINDINGS OF OPERATION NEUROBLASTOMA		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2-1 , 1952, to 2-13 , 1952, that I last saw the deceased alive on 2-13 , 1952, and that death occurred at m. , from the causes and on the date stated above.					
23A. SIGNATURE E. Brewer Jr.		M. D. University Hosp.		23C. DATE SIGNED 2-15-52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 2/17/52		24C. NAME OF CEMETERY OR CREMATORY White Rock Cem	
24D. LOCATION (City, town, or county) (State) Carroll County Md		25. FUNERAL DIRECTOR William J. Jackson			
DATE RECEIVED BY LOCAL REGISTRAR FEB 14 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		ADDRESS 916 Penna Ave	

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1949

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of informant		12. Signature of witness	
13. Signature of funeral director		14. Signature of undertaker		15. Signature of cemetery	
16. Signature of coroner		17. Signature of medical examiner		18. Signature of health officer	
19. Signature of police officer		20. Signature of fire department		21. Signature of other officials	
22. Signature of other officials		23. Signature of other officials		24. Signature of other officials	
25. Signature of other officials		26. Signature of other officials		27. Signature of other officials	
28. Signature of other officials		29. Signature of other officials		30. Signature of other officials	
31. Signature of other officials		32. Signature of other officials		33. Signature of other officials	
34. Signature of other officials		35. Signature of other officials		36. Signature of other officials	
37. Signature of other officials		38. Signature of other officials		39. Signature of other officials	
40. Signature of other officials		41. Signature of other officials		42. Signature of other officials	
43. Signature of other officials		44. Signature of other officials		45. Signature of other officials	
46. Signature of other officials		47. Signature of other officials		48. Signature of other officials	
49. Signature of other officials		50. Signature of other officials		51. Signature of other officials	
52. Signature of other officials		53. Signature of other officials		54. Signature of other officials	
55. Signature of other officials		56. Signature of other officials		57. Signature of other officials	
58. Signature of other officials		59. Signature of other officials		60. Signature of other officials	
61. Signature of other officials		62. Signature of other officials		63. Signature of other officials	
64. Signature of other officials		65. Signature of other officials		66. Signature of other officials	
67. Signature of other officials		68. Signature of other officials		69. Signature of other officials	
70. Signature of other officials		71. Signature of other officials		72. Signature of other officials	
73. Signature of other officials		74. Signature of other officials		75. Signature of other officials	
76. Signature of other officials		77. Signature of other officials		78. Signature of other officials	
79. Signature of other officials		80. Signature of other officials		81. Signature of other officials	
82. Signature of other officials		83. Signature of other officials		84. Signature of other officials	
85. Signature of other officials		86. Signature of other officials		87. Signature of other officials	
88. Signature of other officials		89. Signature of other officials		90. Signature of other officials	
91. Signature of other officials		92. Signature of other officials		93. Signature of other officials	
94. Signature of other officials		95. Signature of other officials		96. Signature of other officials	
97. Signature of other officials		98. Signature of other officials		99. Signature of other officials	
100. Signature of other officials		101. Signature of other officials		102. Signature of other officials	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1443

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EDWARD J. C. Hester (IGNACY OLSZEWSKI)

2. DATE OF DEATH

Two, Feb. 12 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

1533 Marshall St. Residence

C. CITY OR TOWN (If outside corporate limits, write full name and give township)

Baltimore

23-03

C. Length of stay in Baltimore

60

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1533 Marshall St.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 16, 1883

9. AGE (In years last birthday)

68

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Marine Engineer

10B. KIND OF BUSINESS OR INDUSTRY

Sand & Gravel Paving

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF WHAT COUNTRY?

(P)

13. FATHER'S NAME

(P)

14. MOTHER'S MAIDEN NAME

(P)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No -

16. SOCIAL SECURITY NO.

214-03-4707

17. INFORMANT

ADDRESS

Mrs. Anna F. Chester (Wife) Same

18.

4/20.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary Thrombosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Atherosclerosis

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1948, to 2/8/52, 19__, that I last saw the deceased alive on 2/8/52, 19__, and that death occurred at 6:40 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Lewis J. Mc Gowan

23B. ADDRESS

1 E Randall St

23C. DATE SIGNED

2/13/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 15, 1952

24C. NAME OF CEMETERY OR CREMATORY

Cedar Hill Cem

24D. LOCATION (City, town, or county) (State)

Brooklyn, P. O., Co., Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 14 1952

Huntington Williams, M.D. A. Boring Evans

94a

VS 150

24023 14005. Charles St. Balt. 39 Md.

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

3843

90

THURSDAY, MAY 1, 1913

ST. LOUIS, MO.

1913

VALLEY

COUNCIL

BOND

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 1444**

BIRTH NO. **52 1444**

1. NAME OF DECEASED (Type or Print) Emma J. Roth			2. DATE OF DEATH Feb. 12, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, Md.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION Kirkleigh Villa 4301 Roland Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore About 91 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 4301 Roland Avenue		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH About 91	9. AGE (In years last birthday) About 91	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None			10B. KIND OF BUSINESS OR INDUSTRY None		
13. FATHER'S NAME John Peter Roth			14. MOTHER'S MAIDEN NAME Katherine Schultz		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT S. R. Mears			ADDRESS 805 N. Calvert Street		

18. 422.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH <i>Arteriosclerotic Cardiovascular Disease</i> (A) DUE TO ANTECEDENT CAUSES (B) DUE TO (C) DUE TO		INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb 12 19 52 , to Feb 12 19 52 , that I last saw the deceased alive on Feb 12 19 52 , and that death occurred at 4:15 p.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>William G. Helfrich</i>		23B. ADDRESS 5006 Roland Ave		23C. DATE SIGNED Feb 14, 52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/15/52		24C. NAME OF CEMETERY OR CREMATORY New Cathedral	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.					
DATE RECEIVED BY LOCAL REGISTRAR FEB 14 1952		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>W. W. Mears</i> ADDRESS 805 N. Calvert St.	

VS 150

937

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

NOV 50

NOV 50

CONGRESS

WATERS

R-163

52 1445

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1445
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. Frances Roberts

2. DATE
OF
DEATH

Feb. 13, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

34 Bon Secours Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

317 S. Fulton Ave.

19-04

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Mar. 23, 1874

9. AGE (in years
last birthday)

77

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

?

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

?

17. INFORMANT

ADDRESS

Mr. William Roberts - Son

?

18.

586X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Terminal Pulmonary Oedema

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Congestive Heart Failure

DUE TO

(C) Postoperative Complication

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerosis. Ruptured Gall Bladder

19A. DATE OF OPERATION

2-12-52

19B. MAJOR FINDINGS OF OPERATION

Rupture Gall Bladder - Liver Abscess

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 2, 1952 to Feb. 13, 1952, that I last saw the deceased alive on Feb. 13, 1952, and that death occurred at 12.05 Pm., from the causes and on the date stated above.

23A. SIGNATURE

Donald Mohler M.D.

23B. ADDRESS

Bon Secours Hospital, Balto.

23C. DATE SIGNED

Feb. 13, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

2-16-52

24C. NAME OF CEMETERY OR CREMATORY

St. John's Cemetery

24D. LOCATION (City, town, or county)

Frederick - Md

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 14 1952

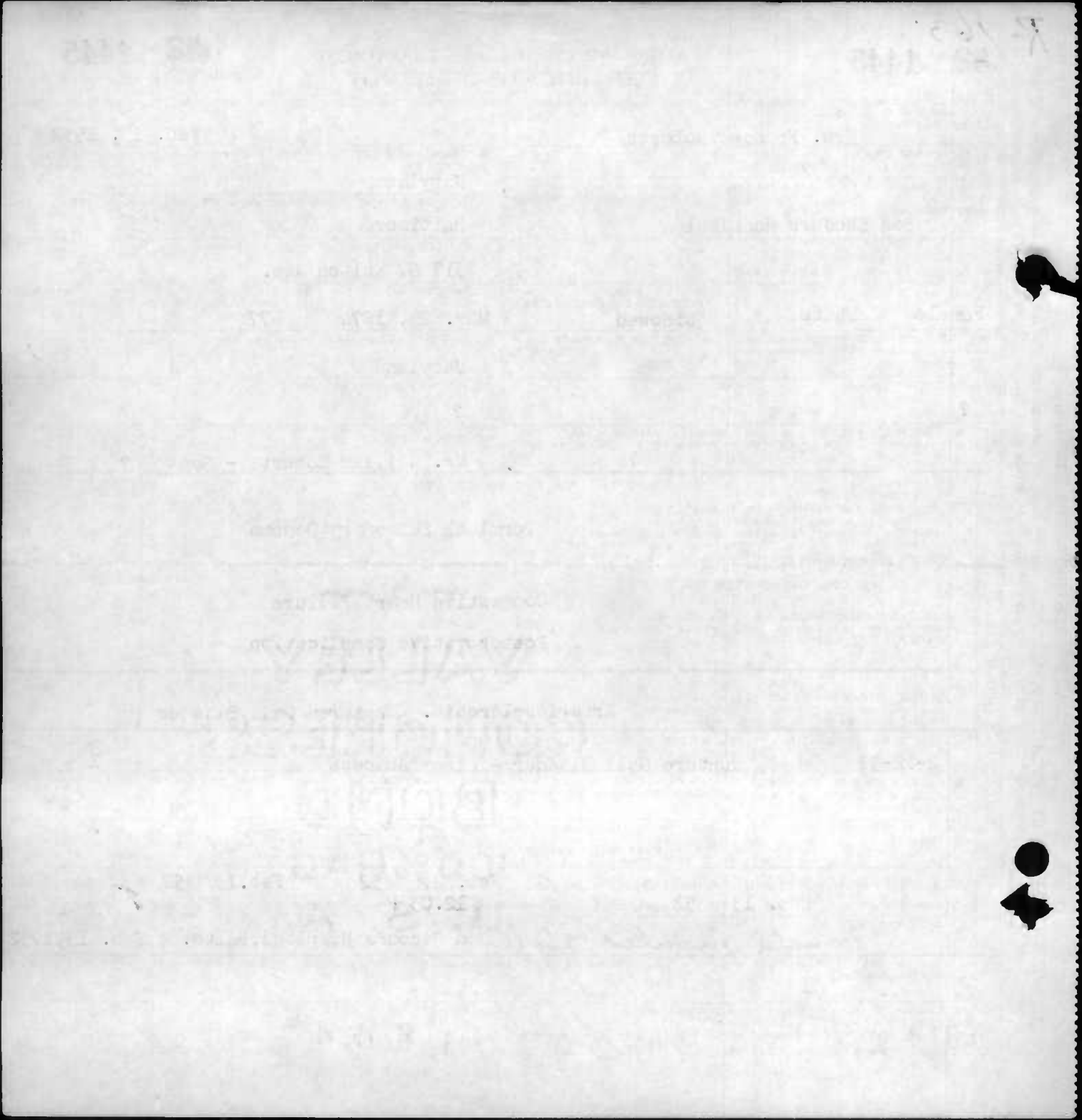
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Thos. J. Kennedy / 1400 Hollins St

ADDRESS



52 1446

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 52-03405

1. NAME OF DECEASED
(Type or Print)

Baby girl Shipley

2. DATE
OF
DEATH

2. 13. 52.

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

Doctors Hospital.

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1216 Willow Trd (22)

c. Length of stay in Baltimore

14 hours 35 min

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Infant

8. DATE OF BIRTH

2. 13. 52.

9. AGE (In years
last birthday)

14 hrs 35 min

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Infant

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Edward Milton Shipley.

14. MOTHER'S MAIDEN NAME

Anna Mary Shipley - Grasse

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 763.0 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Pneumonia - lobular.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the
deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23A. SIGNATURE

Loren G. Lewis M. D.

23B. ADDRESS

2730 n Charles St

23C. DATE SIGNED

2/14/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 14 1952

3011 32

THE NATIONAL ARCHIVES
COLLECTION OF DOCUMENTS

041

2



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1447
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		CARROLL JOHN LYNCH		February 11, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
B. FULL NAME OF HOSPITAL OR INSTITUTION		A. STATE Maryland			
Mercy Hospital		B. COUNTY			
C. Length of stay in Baltimore		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
Yrs. Mos. Days		Baltimore			
5. SEX		D. STREET ADDRESS (If rural, give location)			
Male	6. COLOR OR RACE	1907 Cecil Avenue 9-08			
White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH			
	MARRIED	1891			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		9. AGE (in years last birthday)	
TECH. CLERK		GAS & ELECTRIC		60	
13. FATHER'S NAME		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
THOS. LYNCH		VERMONT.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME		17. INFORMANT	
No		UNKNOWN		ADDRESS	
16. SOCIAL SECURITY NO.		Mrs. ELLA E. LYNCH - 1907 Cecil Ave.			
18. CAUSE OF DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH					
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)					
Arteriosclerotic cardiovascular disease					
ANTECEDENT CAUSES					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
Diabetes					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>Inspection & Inquiry</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED	
William V. [Signature]				Feb. 11, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
BURIAL		2-15-52		CATHEDRAL	
24D. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR		ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		[Signature]	
VS 151		390 SE		[Signature]	

1951
60
91

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 52 1448

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EVA BORKOWSKI

2. DATE
OF
DEATH

FEB. 12, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

2531 AISQUITZ ST.

B. FULL NAME OF HOSPITAL OR INSTITUTION

MERCY HOSPITAL

C. Length of stay in Baltimore

66 YRS.

Yrs.
Mos.
Days

5. SEX
F

6. COLOR OR RACE
W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
WIDOW

8. DATE OF BIRTH

UNKNOWN

9. AGE (In years last birthday)

86 ?

If Under 1 Year Months Days
If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

POLAND

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

JACOB PAUDZINSKI

14. MOTHER'S MAIDEN NAME

UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

HOSPITAL RECORDS

18.

490x
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

LOBAR PNEUMONIA & EMPYEMA

INTERVAL BETWEEN ONSET AND DEATH

2 WKS.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CARDIOVASCULAR ACCIDENT

6 MOS.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **2/2**, 19**52**, to **2/12**, 19**52**, that I last saw the deceased alive on **2/12**, 19**52**, and that death occurred at **6:20 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

2/15/52

St. Stanislaus

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 14 1952

Huntington Whitehead, M.D.

M. J. Sadorski, 1808 Eastern Ave.

Charles A. Saborski 108

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED BY THE SECRETARY OF THE
NAVY DEPARTMENT
WASHINGTON, D. C.

100

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 1449**

B 420
52 1449

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HUGO SAMUEL BLOCK

2. DATE
OF
DEATH

Feb. 13, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
3707 Sequoia Ave.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

3707 Sequoia Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Apr. 6, 1873

9. AGE (in years last birthday)

78

10 Under 1 Year 11 Under 24 Hours
Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

salesman (rtd)

10B. KIND OF BUSINESS OR INDUSTRY

Automobiles

11. BIRTHPLACE (State or foreign country)

Colorado

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Emanuel Block

14. MOTHER'S MAIDEN NAME

Leona Bloom

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Mrs. Vita H. Block - 3707 Sequoia Ave.

18.

294X I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) **Polycythemia vera**
DUE TO

INTERVAL BETWEEN ONSET AND DEATH

2 1/2 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

none

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan 1929**, 19, to **Feb 12**, 1952, that I last saw the deceased alive on **Feb 12**, 1952, and that death occurred at **12 noon**, from the causes and on the date stated above.

23A. SIGNATURE

Samuel Whitehouse

M. D.

23B. ADDRESS

1720 Eutan Ave.

23C. DATE SIGNED

Feb 14/52

24A. BURIAL, CREMATION, REMOVAL (Specify)
Cremation

24B. DATE

2/15/52

24C. NAME OF CEMETERY OR CREMATORY

Green Mount Crematory

24D. LOCATION (City, town, or county) (State)

Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR

FEB 14 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Liskner & Sons

ADDRESS

76 B Balto 17 Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE ONLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is important. Physicians: please write the causes of death clearly and legibly.

DECLARATION OF DEATH

refill

A-636
52 1450

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1450
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JAMES E. ARTHUR			2. DATE OF DEATH 2/12/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE 2024 Mt. Royal Terrace			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.		
c. Length of stay in Baltimore life			D. STREET ADDRESS (If rural, give location) 2024 Mt. Royal Terrace		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug-18-1899		9. AGE (in years last birthday) 54
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manufacturer's Agt.			11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Patrick Arthur			14. MOTHER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. none		
17. INFORMANT Miss Lillian M. Arthur (same)			ADDRESS		

18. 332X1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Thrombosis Cerebral DUE TO Arteriosclerosis DUE TO years	CAUSE OF DEATH Thrombosis Cerebral DUE TO Arteriosclerosis DUE TO	INTERVAL BETWEEN ONSET AND DEATH 4 days
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 2/15/52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6/15/1947 to 2/12/1952 that I last saw the deceased alive on 2/12/1952 and that death occurred at 7 P. m. , from the causes and on the date stated above.					
23A. SIGNATURE D Mendelso		23B. ADDRESS 651 N Beutalon		23C. DATE SIGNED 2/13/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/15/52		24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cem	
24D. LOCATION (City, town, or county) Balto.		24E. LOCATION (City, town, or county) Md.		24F. LOCATION (City, town, or county) Md.	
DATE RECEIVED BY LOCAL REGISTRAR FEB 14 1952		REGISTRAR'S SIGNATURE Huntington		25. FUNERAL DIRECTOR CHARLES F. EVANS & SON	
VS 150		ADDRESS 118 W. Mt. Royal Ave.		ADDRESS	

151 N. Benton St

Aug. 18 -

195
75

127

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered **52 1451**

52 1451

1. NAME OF DECEASED (Type or Print) Sadie M. Farguhar			2. DATE OF DEATH Feb. 13, 1952		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Maryland b. COUNTY none		
b. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION) Melchoir Nursing Home 2327 N. Charles St.			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-14		
c. Length of stay in Baltimore 1 yr.			d. STREET ADDRESS (If rural, give location) 4218 Wickford Road		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH July 16, 1864		9. AGE (In years, last birthday) 87
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME John C. Farguhar			14. MOTHER'S MAIDEN NAME Amanda Pickering		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Norman Burnett - 4218 Wickford Rd.		

18. E 903.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Embolicism (A) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO Fracture of hip Nov. 1951 (C) Arterio Sclerosis OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH Embolicism INTERVAL BETWEEN ONSET AND DEATH sudden 3 mos BY CERTIFICATION APPROVED Arturo Sclerini CHIEF OR ASST. MEDICAL EXAMINER
--	--

19A. DATE OF OPERATION No		19B. MAJOR FINDINGS OF OPERATION Fracture of hip joint, later operated on. Union failed Nov.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 4218 Wickford Rd. Balto. 10			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Nov. 20 1951	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Slipped on floor in room 27/14			
22. I hereby certify that I attended the deceased from Oct. 20th, 1951 , to Feb. 13th, 1952 ; that I last saw the deceased alive on Feb. 10th, 1952 , and that death occurred at 30 m., from the causes and on the date stated above.					
23A. SIGNATURE M. Chataud		23B. ADDRESS 15 E. Biddle St.		23C. DATE SIGNED Feb. 14/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 2-16-52	24C. NAME OF CEMETERY OR CREMATORY Loudon Park	24D. LOCATION (City, town, or county) (State) Baltimore, Md.		
DATE RECEIVED BY LOCAL REGISTRAR FEB 14 1952		REGISTRAR'S SIGNATURE Wilmington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS John D. Mitchell & Sons, Inc. 1900 Eutaw Place	

VS 150

N-820.1

John D. Mitchell

186a

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 1452
Registered No.

100
52 1452
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Deceased George Levy</i>			2. DATE OF DEATH <i>Feb/12/52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>3432 University Pl.</i>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence) A. STATE <i>Md.</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>at home</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
c. Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>3432 University Pl</i>		
5. SEX <i>Male</i>	6. COLOR OF RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Feb/22/1879</i>	9. AGE (In years last birthday) <i>72</i>	If Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Real Estate</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Balto. Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
13. FATHER'S NAME <i>Heiman Levy</i>			14. MOTHER'S MAIDEN NAME <i>Eliza B. Minifie</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>215-05-0863</i>	17. INFORMANT <i>Carl Levy (Nephew)</i> ADDRESS <i>Fidelity Bldg</i>		

18. <i>177X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Carcinoma of Prostate Gland occlusion</i>		CAUSE OF DEATH (A) DUE TO	INTERVAL BETWEEN ONSET AND DEATH <i>18 mo + 10 yrs.</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Chronic Myocarditis</i>		(B) DUE TO	<i>15 years</i>
(C)			

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from *3/30*, 19*55* to *2/12*, 19*52*, that I last saw the deceased alive on *2/12*, 19*52*, and that death occurred at *830p* m., from the causes and on the date stated above.

23A. SIGNATURE <i>M B Levin</i>	M. D.	23B. ADDRESS <i>2186 Univ. Pl. W. H.</i>	23C. DATE SIGNED <i>2/13/52</i>
------------------------------------	-------	---	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Feb/15/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Woodlawn</i>	24D. LOCATION (City, town, or county) (State) <i>Woodlawn</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 14 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Sewall Morris</i> ADDRESS <i>Balt.</i>	

VS 150

952027874151

51B

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN PENCIL ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

[Faint, illegible handwriting throughout the page, likely bleed-through from the reverse side.]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52** **1453**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JESSIE

GRABOWSKI

2. DATE
OF
DEATH

February 13, 1952

3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE B. COUNTY before admission)

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Baltimore City Morgue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

428 S. Eden Street

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

1892

9. AGE (In years
last birthday)

59

If Under 1 Year If Under 24 Hours
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Janitor

10B. KIND OF BUSINESS OR
INDUSTRY

Arundel Corp.

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Grabowski

COMIT

14. MOTHER'S MAIDEN NAME

Mary /? Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

206-16-3646

17. INFORMANT

ADDRESS

Gladys Grabowski 428 S. Eden Street

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic Cardiovascular

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Disease

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

*William V. ...*23B. CHIEF MEDICAL EXAMINER..... ☒ASSISTANT MEDICAL EXAMINER..... ☒MEDICAL INVESTIGATOR..... ☐

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb, 16-1952

24C. NAME OF CEMETERY

Holy Rosary

24D. LOCATION (City, town, or county)

Baltimore Co., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

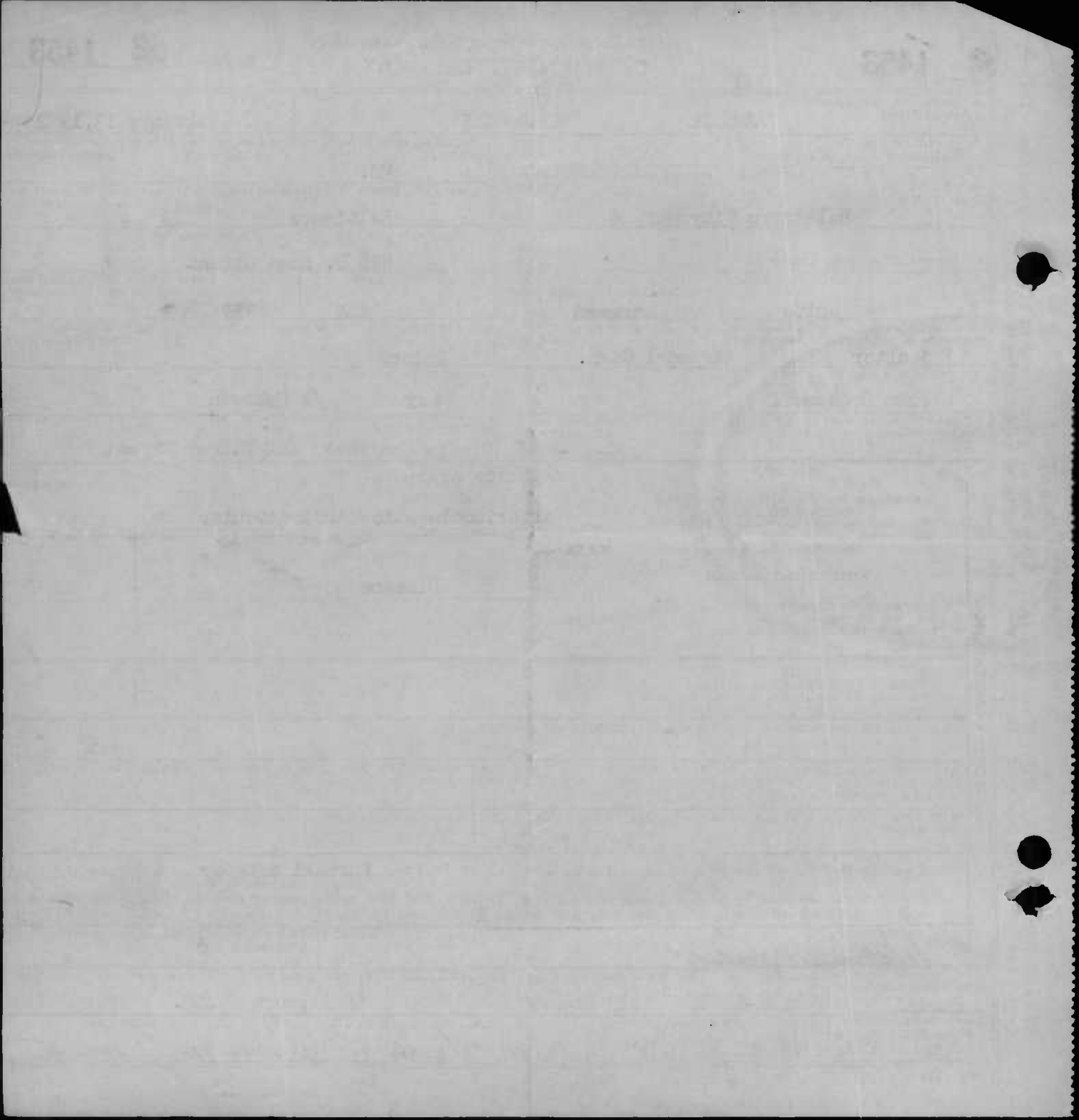
George S. Weber 705 S. Ann St

VS 151

770 24

937 ✓

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARGIN RESERVED FOR BINDING

52 1454

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 1454
Registered No. _____

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Charles R. Horak		Feb. 12 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 4208 Woodlea		C. CITY OR TOWN Baltimore D. STATE Md	
c. Length of stay in Baltimore Yrs. Mos. Days		E. STREET ADDRESS (If rural, give location) 4208 Woodlea Ave	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 3-1911
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman		9. AGE (In years last birthday) 40	
10B. KIND OF BUSINESS OR INDUSTRY Sheet Metal		11. BIRTHPLACE (State or foreign country) Baltimore Md	
13. FATHER'S NAME William Horak		12. CITIZEN OF WHAT COUNTRY?	
14. MOTHER'S MAIDEN NAME Agnes Wheeler		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	
16. SOCIAL SECURITY NO.		17. INFORMANT Mrs Catherine Horak - Woodlea	
18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	
CORONARY OCCLUSION		INTERVAL BETWEEN ONSET AND DEATH 4 hours	
ANTECEDENT CAUSES			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES NO			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Feb 12, 1952, to Feb 12, 1952, that I last saw the deceased alive on Feb 12, 1952, and that death occurred at 8:30 A.M., from the causes and on the date stated above.			
23A. SIGNATURE Charles R. Lucif M. D.		23B. ADDRESS 4200 Parkwood Ave	
23C. DATE SIGNED 2/13/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2-15-52	
24C. NAME OF CEMETERY OR CREMATORY Meadowridge		24D. LOCATION (City, town, or county) (State) Baltimore Md	
DATE RECEIVED BY LOCAL REGISTRAR FEB 14 1952		REGISTRAR'S SIGNATURE Huntington Williams M.D.	
25. FUNERAL DIRECTOR L. J. Luck		ADDRESS 5305 Harford Rd	

4700 Parkwood
3601 Aulsa

VALLEY

CONGRESS

BOND

10000000

U. S. A.

RECEIVED BY THE

OFFICE OF THE SECRETARY OF THE ARMY

35 JUN

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

2-11-52 P-212
52 1455

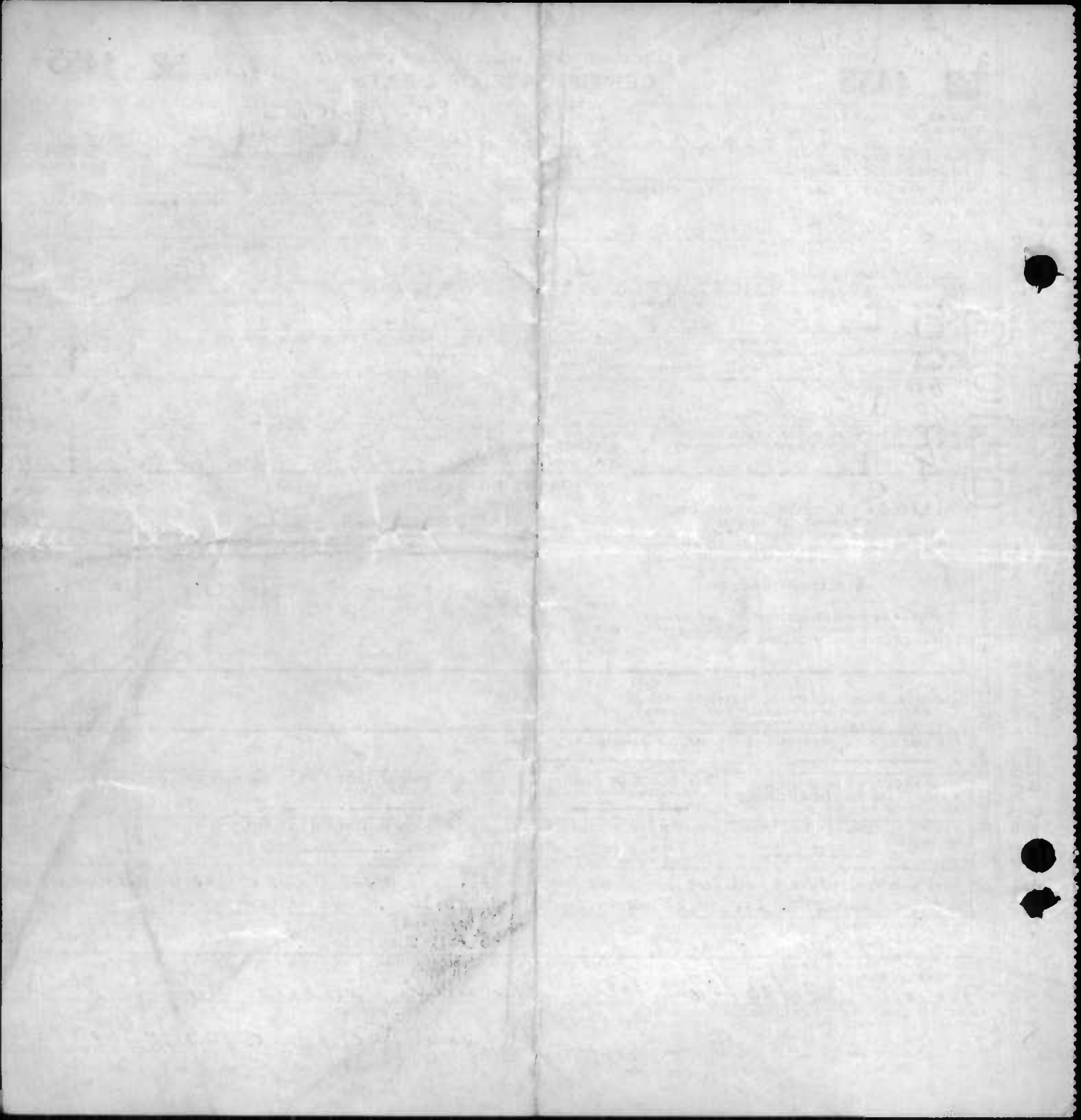
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1455

BIRTH NO. 52 1455		1. NAME OF DECEASED (Type or Print) VERONIKA PUJEVICIUS		2. DATE OF DEATH 2-11-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 1344 GLYNDON AVE.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balt.			
c. Length of stay in Baltimore 41 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1344 Glyndon Ave.			
5. SEX M.	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb 16, 1952	9. AGE (in years last birthday) 60	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Lithuania	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 218-12-7068		17. INFORMANT ADDRESS CHARLES PUJEVICIUS/344 Glyndon Ave.	
18. 443 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage		CAUSE OF DEATH Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 3 days	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive Cardiovascular Disease		(B) DUE TO		About 5 Yrs.	
(C) DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July 10, 1951 to February 11, 1952 , that I last saw the deceased alive on Feb. 11, 1952 and that death occurred at 5:15 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Emmet J. Purvz		23B. ADDRESS 516 Cathedral St.		23C. DATE SIGNED 2/12/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 2/15/52		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer	
24D. LOCATION (City, town, or county) Belair Md.		24E. FUNERAL DIRECTOR Mrs. W. J. Kachauskas		24F. ADDRESS 103 McHenry St.	
DATE RECEIVED BY LOCAL REGISTRAR FEB 14 1952		REGISTRAR'S SIGNATURE Huntington Williams			

VS 150

937



See Document File 52-1456
2/27/52 ES

✓ 9 C. 7 x

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 1457
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

CONRAD KRONSTEINER

2. DATE OF DEATH **2/13/52**

3. PLACE OF DEATH:

A. Baltimore City, Maryland **380I Second Street**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

380I Second Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

11/20/1891

9. AGE (In years last birthday)

60

10 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of worklog life, even if retired)

Watchman

10B. KIND OF BUSINESS OR INDUSTRY

White Swan Rest.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Alex

14. MOTHER'S MAIDEN NAME

Katie Kessler

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

Yes

WW # I

16. SOCIAL SECURITY NO.

17. INFORMANT

Family - Same

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Cerebral Embolus

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

(B) Rheumatic Endocarditis

INTERVAL BETWEEN ONSET AND DEATH

no rx

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan-2, 1952, to Feb. 13, 1952, that I last saw the deceased alive on Feb. 11, 1952, and that death occurred at 14 m., from the causes and on the date stated above.

23A. SIGNATURE

Paul Lubin M.D.

23B. ADDRESS

320 Waples Ave -

23C. DATE SIGNED

2/14/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

B

24B. DATE

2/16/52

24C. NAME OF CEMETERY OR CREMATORY

Cedar Hill

24D. LOCATION (City, town, or county)

Baltimore

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

James L. McCully - 130 East Fort Avenue

VS 150

763 6M

92c

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

1957 52

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Lauren

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 1458**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**MARTIN C. SAUNDERS**2. DATE
OF
DEATH**2/13/52**

3. PLACE OF DEATH:

A. Baltimore City, Maryland 3728 Leo Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3728 Leo Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**D**

8. DATE OF BIRTH

4/14/18979. AGE (In years
last birthday)**54**If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**Farmer**10B. KIND OF BUSINESS OR
INDUSTRY**Self**

11. BIRTHPLACE (State or foreign country)

Maryland12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William L.

14. MOTHER'S MAIDEN NAME

Susie Mills15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)**No**16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Family - Same

18.

443x I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan 25, 1952 to Feb 13, 1952** that I last saw the
deceased alive on **2/12/**, 1952, and that death occurred at **4:10 Pm.**, from the causes and on the date stated above.

23A. SIGNATURE

Samuel Rubin

M. D.

23B. ADDRESS

203 Calabro

23C. DATE SIGNED

2/14/5224A. BURIAL, CREMA-
TION, REMOVAL (Specify)**B**

24B. DATE

2/16/52

24C. NAME OF CEMETERY OR CREMATORY

Trinity Church

24D. LOCATION (City, town, or county)

Church Creek, Md.DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 14 1952**Trinity Church****James L. McCully - 130 E. Fort Avenue**

VS 150

10010

937

CERTIFICATE OF DEATH

ILLINOIS DEPARTMENT OF HEALTH

1911

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

NAME OF DECEASED

AGE

SEX

OCCUPATION

CAUSE OF DEATH

IMMEDIATE CAUSE

DISSEMINATED

CHOLESTERAEMIA

CHOLESTERAEMIA

CHOLESTERAEMIA

CHOLESTERAEMIA

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Reed's

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1459

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Reitz, Helen Kathleen

2. DATE
OF
DEATH

February 13, 1952

3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

St. Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 18

D. STREET ADDRESS (If rural, give location)

1921 Hope Street

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept. 3, 1900

9. AGE (In years
last birthday)

51

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Own home

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

David Baker

14. MOTHER'S MAIDEN NAME

Mary Sueprinki

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Kathleen Laubach, 1921 Hope Street

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Congestive heart failure, right

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Hyperthyroidism

DUE TO

(C)

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHOTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Auricular fibrillation

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 23, 1952, to February 13, 1952 that I last saw the
deceased alive on Feb. 13, 1952 and that death occurred at 2:45 am., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

1400 N. Caroline Street

2-13-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
burial

24B. DATE

2/16/52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Carmel Cemetery

24D. LOCATION (City, town, or county)

Baltimore,

Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 14 1952

Huntington Williams, M.D.

Wm. Cook, Inc.

1217 St. Paul Street

103

CERTIFICATE OF DEATH

103

Blank certificate form with horizontal lines for text entry.

P-652
52 1460

PLEASE WRITE LEGIBLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 1460
Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print) JOHN W. PRINZ			2. DATE OF DEATH 2-13-52			
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE MD. B. COUNTY Baltimore						
B. FULL NAME OF HOSPITAL OR INSTITUTION 37 Mercy Hosp.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore						
c. Length of stay in Baltimore 63			D. STREET ADDRESS (If rural, give location) 710 E. Belvedere Ave.						
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Mar.		8. DATE OF BIRTH 4-25-88		9. AGE (in years last birthday) 63		10. Under 1 Year Months Days	11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lawyer			10B. KIND OF BUSINESS OR INDUSTRY Self		11. BIRTHPLACE (State or foreign country) md.		12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME John W. Prinz			14. MOTHER'S MAIDEN NAME Wilhelmina Kaerner			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) UNK.			
16. SOCIAL SECURITY NO. none			17. INFORMANT ADDRESS Marie H. Prinz, 710 E. Belvedere Ave.						
18. 200.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Congestive heart failure			CAUSE OF DEATH (A) Congestive heart failure DUE TO			INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Widespread Lymphosarcoma			(B) Widespread Lymphosarcoma DUE TO						
(C)									
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.									
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK			21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 2-9 , 19 52 to 2-13 , 19 52 that I last saw the deceased alive on 2-12 , 19 52 , and that death occurred at 6:10 A. M., from the causes and on the date stated above.									
23A. SIGNATURE Wm. H. H. Shea			23B. ADDRESS Mercy Hosp.			23C. DATE SIGNED 2-13-52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial			24B. DATE 2/16/52		24C. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore, Maryland		
DATE RECEIVED BY LOCAL REGISTRAR FEB 14 1952			REGISTRAR'S SIGNATURE Huntington Williams			25. FUNERAL DIRECTOR ADDRESS Wm. Cook Inc., 1217 St. Paul St			

0001 5

RECEIVED BY THE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

0001 5



MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-242
52 1461

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1461

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Martha McCullough		February 13, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)		
B. FULL NAME OF HOSPITAL OR INSTITUTION 733 N. Linwood Avenue			A. STATE Maryland		
			B. COUNTY		
C. CITY OR TOWN Baltimore			RURAL and give township		
D. STREET ADDRESS (If rural, give location) 733 N. Linwood Avenue					
c. Length of stay in Baltimore					
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH April 8, 1868	9. AGE (In years last birthday) 83	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) never employed			10B. KIND OF BUSINESS OR INDUSTRY		11. CITIZEN OF WHAT COUNTRY?
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME John McCullough			14. MOTHER'S MAIDEN NAME Margaret Gurley		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mrs. Grace Rosenberger, 721 N. Linwood Ave.	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 170x CAUSE OF DEATH Barcinoma of Breast with metastases			INTERVAL BETWEEN ONSET AND DEATH 1945-		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Ch. Valvular Heart Disease (C)			1940		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan. 26, 1952 to Feb. 13, 1952, that I last saw the deceased alive on Feb. 12, 1952 and that death occurred at 4:35 p. m., from the causes and on the date stated above.					
23A. SIGNATURE Dorane Brown		23B. ADDRESS 3602 Liberty Hgts 9		23C. DATE SIGNED 2-13-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 2/16/52		24C. NAME OF CEMETERY OR CREMATORY Baltimore Cemetery	
				24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR FEB 14 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS 1217 St. Paul Street	

STATE OF TEXAS

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1932

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 1462

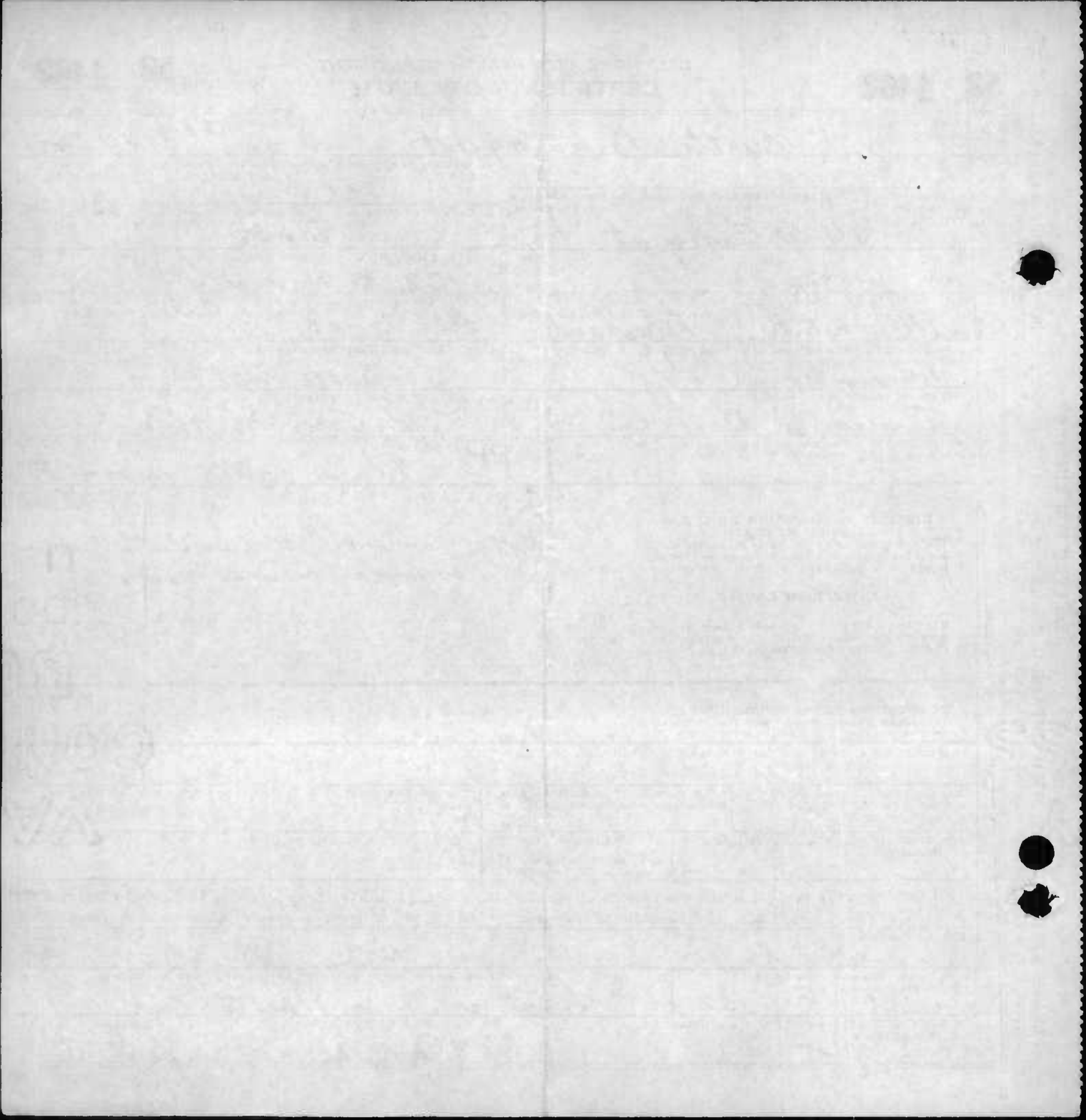
52 1462
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Myrtle Prudenquest</i>		2. DATE OF DEATH <i>2/12/1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>60 27 N. Carry st.</i>		C. CITY OR TOWN (If outside corporate limits, write full name and give township) <i>Balto. 26-44</i>	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>138 N. Haven st.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Divorced</i>	8. DATE OF BIRTH <i>6/11/1900</i>
9. AGE (in years last birthday) <i>51</i>		10. UNDER 1 Year Months Days	11. UNDER 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <i>Balto Md</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>James N. Bruckey</i>		14. MOTHER'S MAIDEN NAME <i>Lilly Jane Matthews</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>175-10-10000</i>	
17. INFORMANT <i>Wm Blum</i>		ADDRESS <i>138 N. Haven st.</i>	

18. <i>170X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>CARCINOMA OF BREAST</i> (A) DUE TO <i>GENERALIZED METASTASIS</i>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>2/1</i> , 19 <i>52</i> to <i>2/12</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>2/12</i> , 19 <i>52</i> , and that death occurred at <i>3 P M.</i> , from the causes and on the date stated above.		
23A. SIGNATURE <i>John H. Allen</i>	23B. ADDRESS <i>201 Cherry Court</i>	23C. DATE SIGNED <i>2/13/52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>2/15/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Western</i>
24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>		24E. FUNERAL DIRECTOR <i>Wm C. Jacobs</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 14 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington</i>	ADDRESS <i>1217 St. Paul st.</i>

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



1463

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHX 52 1463
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

IDA Elmira Hense

2. DATE
OF
DEATHFebruary 12
1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Baltimore Prince Georges

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Pinecrest Sanatorium

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Bowie

D. STREET ADDRESS (If rural, give location)

6600

c. Length of stay in Baltimore

5 months

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

August 27 1869

9. AGE (In years last birthday)

82

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Bowie, Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Samuel R. Rugan

14. MOTHER'S MAIDEN NAME

Gabriella Wood

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Annie W. Sheen, Bowie

18.

420.01
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Chronic MYOCARDITIS +
DUE TO MYOCARDIAL DEGENERATION

INTERVAL BETWEEN ONSET AND DEATH

?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerotic Heart Disease ?

DUE TO

(C) Generalized Arteriosclerosis ?

Senility

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from October 1, 1951, to Feb. 12, 1952, that I last saw the deceased alive on Feb 12, 1952, and that death occurred at 7 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Melvin R. Borden

23B. ADDRESS

5000 Rd Frederick Road

23C. DATE SIGNED

2/12/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 14 1952

Funeral Home, Williams, Md.

J. A. Sullivan, Laurel, Md.

VS 150

931

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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STATIONER & MANUFACTURER

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STATIONER & MANUFACTURER

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PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

K-45801464

CERTIFICATE CORRECTED

4-22-52

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52 1464

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Lou Kelly

KELLEY

2. DATE
OF
DEATH

2-14-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

Queen Anne's

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTE

Univ. Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Stevensville

D. STREET ADDRESS (If rural, give location)

6700

c. Length of stay in Baltimore

2

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

2

8. DATE OF BIRTH

Feb. 15, 1932
19-38-53

9. AGE (In years last birthday)

20 + 4 - 3

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Child

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Louis Kelly Kelley

14. MOTHER'S MAIDEN NAME

Marie Thomas

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Peripheral Vascular Collapse

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Operation

DUE TO

(C) Stargess Weber Disease

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

2-14-52

19B. MAJOR FINDINGS OF OPERATION

Stargess Weber Disease

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-12-1952 to 2-14-1952, that I last saw the deceased alive on 2-14-1952, and that death occurred at 2 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Chas. Watson

M. D.

23B. ADDRESS

Univ. Hosp.

23C. DATE SIGNED

2-14-52

24A. BURIAL CREMATION, REMOVAL (Specify)

24B. DATE

2/17/52

24C. NAME OF CEMETERY OR CREMATORY

Stevensville

24D. LOCATION (City, town, or county)

Stevensville

(State)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Washington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Edgar G. Lane Church Hill Md.

VS 150

567

1901 82

RECEIVED
BAPTIST CHURCH
NEW YORK
1901

1901 82



T-520

52 1465

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1465

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William Thomas

2. DATE
OF
DEATH

2-2-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or
location)HOSPITAL OR
INSTITUTION

Mercy Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

27-09

D. STREET ADDRESS (If rural, give location)

4208 Westview Road

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

Colored

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

U

9. AGE (In years
last birthday)

32

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

N

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTH PLACE (State or foreign country)

K

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

N

14. MOTHER'S MAIDEN NAME

O

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

W

16. SOCIAL
SECURITY NO.

17. INFORMANT

N

ADDRESS

18.

E929.8 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Drowning

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING OR CONTRIB-
UTING CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Harbor

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

Pier 4, Light Street

22-1

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

Feb. 2, 1952 6:00 P. m.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Fell into harbor

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William W. Wood

23B. CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

MEDICAL INVESTIGATOR

23C. DATE SIGNED

2-3-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL FEB 11 1952

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

VS 151

N-990X

183

MARGIN RESERVED FOR BINDING

PLEASE WRITE PROMPTLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2001

2

2001

2

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1466

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ROBERT

MOHLER

2. DATE
OF
DEATH

Feb. 4, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Mercy Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

606 Calvert Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)

80

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
Feb. 4, 195224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 151

JOHN HOPKINS MEDICAL SCHOOL FEB 11 1952

COMMISSIONER OF HEALTH

92D ✓

2001

100

RECEIVED BY THE SECRETARY OF THE

DEPARTMENT OF THE ARMY

100

100



M-500

52 1467

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1467

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ELLIOTT

MOON

2. DATE
OF
DEATH

February 5, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Franklin Square Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

309 S. Sharp Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

U

9. AGE (In years
last birthday)

50

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

N

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTH PLACE (State or foreign country)

K

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

N

14. MOTHER'S MAIDEN NAME

O

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

W

16. SOCIAL
SECURITY NO.

17. INFORMANT

N

ADDRESS

18.

322.0 I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Acute alcoholism

DUE TO

Methyl and Ethyl Alcohol

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. Fisher

23B. CHIEF MEDICAL EXAMINER.....☒ASSISTANT MEDICAL EXAMINER.....☐

M.D.

MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

Feb. 6, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL FEB 11 1952

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 151

77c ✓

MARGIN RESERVED FOR BINDING

PLEASE WRITE CAREFULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Page 12

Page 12

[Faint, mostly illegible text covering the main body of the page, possibly a ledger or report. Some words like "Total" and "Grand Total" are faintly visible.]



A-416 52 1468

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1468
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) **MARIE ALBRECHT**2. DATE
OF DEATH **FEB: 12-1952**3. PLACE OF DEATH:
A. **Baltimore City, Maryland**4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE **Maryland** B. COUNTY (before admission)B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)**2805 AILSA AVE****Baltimore City 27-03**c. Length of stay in Baltimore
Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2805 AILSA AVE.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)10 Under 1 Year
Months: Days
11 Under 24 Hours
Hours: Min.**FEMALE****WHITE****WIDOWED****AUG: 5-1873****78**10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?**HOUSEWIFE****AT HOME****GERMANTOWN..Pa.****USA**

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

ROBERT SADLER**ELLEN MALLORY**15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

NO********************Mrs. Sidney V. Mills..Same**

18.

170x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) **Carcinoma right breast****5 yrs**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) **Arteriosclerotic cardio-
vascular renal disease****?**

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from **6-6**, 19**39**, to **2-12**, 19**52**, that I last saw the
deceased alive on **2-12**, 19**52**, and that death occurred at **4:15 P.m.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Melton C. Raug

M. D.

2117 Belair Rd**2-13-52**24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial**Feb:15-1952 Baltimore Cemetery****Baltimore Maryland**DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 15 1952**Huntington Williams, M.D. & Son**

VS 150

1 9 5 2 0 0 0**R. B. WIPPERT & SON 1300 EUTAW PL. 17****50**

MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

52 1469

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1469

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Francis J. Moran

2. DATE
OF
DEATH

2-13-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

814 So. Ellwood Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore 1-01

D. STREET ADDRESS (If rural, give location)

814 So. Ellwood Ave.

c. Length of stay in Baltimore

life Yrs. Mos. Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

4-21-1874

9. AGE (in years last birthday)

77

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR INDUSTRY

Hardware

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Patrick J. Moran

14. MOTHER'S MAIDEN NAME

Mary N. Moran

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Francis R. Moran 814 S. Ellwood Ave

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☒ WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 11 1948 to Feb 9 1952, that I last saw the deceased alive on Feb 13, 1952, and that death occurred at 10:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2-16-1952

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 15 1952

Huntington Williams, M.D. John A. Moran

3000 E. Baltimore St

VS 150

18520001460

93D

1961

1961

1961

1961

1961



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1470

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Margaret M. Shropshire

2. DATE
OF
DEATH

Feb. 12, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE Maryland B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Union Memorial Hospital (DOR)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 9-03

D. STREET ADDRESS (If rural, give location)

3404 Old York Rd.

C. Length of stay in Baltimore

life Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

8-15-1921

9. AGE (in years
last birthday)

30

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Alexander J. Bradley

14. MOTHER'S MAIDEN NAME

Ann E. Weber

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

-

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Carl E Shropshire 3404 Old York Rd

ADDRESS

18. 416 X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Rheumatic Heart Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐NOT WHILE ☐

m.

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

Wm. H. Kammer, Jr.

M.D.

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☒

23C. DATE SIGNED

Feb. 13, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2-13-1952

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D. John R. Moran

25. FUNERAL DIRECTOR

ADDRESS

3000 E. Baltimore St

VS 151

59B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

0531 30

0531 30

0531 30 0531 30

0531 30 0531 30

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0531 30 0531 30

0531 30 0531 30

0531 30 0531 30

0531 30 0531 30

F-900

52 1471

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1471

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOSEPH L. FAY

2. DATE
OF
DEATH

Feb. 13, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
location)

St. Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

8-05

c. Length of stay in Baltimore

Life

D. STREET ADDRESS (If rural, give location)

1614 E. 25th Street

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

May 17, 1874

9. AGE (In years
last birthday)

77

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Bailiff

10B. KIND OF BUSINESS OR
INDUSTRY

Supreme Court of

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

George Fay

14. MOTHER'S MAIDEN NAME

Etta ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

none

17. INFORMANT 1614 E. 25th. Street
Mrs. Pauline Fay

18.

4721

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

P. J. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Feb. 14, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

2/16/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

FEB 15 1952

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.

ADDRESS

BALTO. 230 MD.

VS 151

10952000

BALTO. 230 MD.

935

✓

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

52 1472

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1472

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HATTIE

HARGROVE

2. DATE
OF
DEATH

February 13, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Md. New York

B. FULL NAME OF

I not in hospital or institution, give street address or

HOSPITAL OR
INSTITUTION

location)

Baltimore City Hospitals

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

14-02

D. STREET ADDRESS (If rural, give location)

visiting 533 McMechen

C. Length of stay in Baltimore

30 yrs.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Female

Colored

Widowed

8. DATE OF BIRTH

Dec. 25, 1887

9. AGE (In years

last birthday)

64

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Georgia

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Jack Hargrove

14. MOTHER'S MAIDEN NAME

Mary Payne

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL

SECURITY NO.

17. INFORMANT

ADDRESS

Hazel Sykes 533 McMechen St.

18.

443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hypertensive cardiovascular disease

XXXXXX

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Chronic passive congestion

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐NOT WHILE ☒

m.

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William W. W. W.

23B. CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

M.D. MEDICAL INVESTIGATOR

23C. DATE SIGNED

Feb. 13, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 17, 1952

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cemetery

24D. LOCATION (City, town, or county)

Mt. Winans, Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington W. W. W.

25. FUNERAL DIRECTOR

ADDRESS

Joseph A. Ruben, 1200 McCullish St.

STATE OF

STATE OF



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1473
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles Winfield

2. DATE
OF
DEATH

2-13-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Baltimore City Hospitals

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1313 Grinder Ct.

c. Length of stay in Baltimore

11 Yrs.

5. SEX

M

6. COLOR OR RACE

N

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Nov. 11, 1885

9. AGE (In years last birthday)

66

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Phil Winfield

14. MOTHER'S MAIDEN NAME

Violet Laslie

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Records- Baltimore City Hospitals
4940 Eastern Avenue

18. E 916.3

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

CERTIFICATION APPROVED BY

R. B. Fisher
M. D.
CHIEF OF ASST. MEDICAL EXAMINER.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Burns

1 Week

19A. DATE OF OPERATION

2-13-52

19B. MAJOR FINDINGS OF OPERATION

Cystostomy

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

at home factory

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

Banner Home Project of Armadell Corp.

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

January 2, 1952

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

WORK ☐AT WORK ☒

21F. HOW DID INJURY OCCUR?

Fainted Near Fire at Banner Home Project

22. I hereby certify that I attended the deceased from 2-5-1952, to 2-13-1952, that I last saw the deceased alive on 2-13-1952, and that death occurred at 8:45 a. m., from the causes and on the date stated above.

23A. SIGNATURE

R. S. Crogen

M. D.

23B. ADDRESS

4940 Eastern Ave., Balto., Md.

23C. DATE SIGNED

2-14-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

2/16/52

24C. NAME OF CEMETERY OR CREMATORY

Board Neck

24D. LOCATION (City, town, or county)

La Grosse Va

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Ed. Brown & Son Montgomery St

ADDRESS

108-W

FEB 15 1952

TO BE APPROVED BY MEDICAL EXAMINER

N-949.5

181

10.2501/1080-3619(2003)016[0001:0000000000000000]1-B

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <u>Georgianna A. C. Ringold</u>		2. DATE OF DEATH <u>2/13/52</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Baltimore, City.</u>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY _____			
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>108 N. Gilmore Street</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore, Md.</u> <u>19-02</u>			
c. Length of stay in Baltimore <u>34 Yrs</u> Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <u>108 N. Mount Street</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>C</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>		8. DATE OF BIRTH <u>10/15/ 1872</u>	9. AGE (in years last birthday) <u>79</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Montgomery Co., Md.</u>	
13. FATHER'S NAME <u>Unknown</u>		14. MOTHER'S MAIDEN NAME <u>Serelia Gaines</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <u>Mae Turner 2318 W. North Ave</u>	

18. <u>420.0</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Anteromedial Heart Disease</u> DUE TO _____		CAUSE OF DEATH <u>Anteromedial Heart Disease</u> DUE TO _____		INTERVAL BETWEEN ONSET AND DEATH <u>?</u>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Malnutrition</u>		(B) _____ DUE TO _____		(C) _____	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>10/15/18</u> , to <u>2/13/52</u> , that I last saw the deceased alive on <u>2/13/52</u> , 19 <u>52</u> , and that death occurred at <u>10:00</u> m., from the causes and on the date stated above.					
23A. SIGNATURE <u>Wm. C. Gan</u>		23B. ADDRESS M. D. <u>253 G. St</u>		23C. DATE SIGNED <u>2/14/52</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>2/16/52</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Arbutus Mem., Park</u>	
24D. LOCATION (City, town, or county) (State) <u>Baltimore Co., Md.</u>		25. FUNERAL DIRECTOR <u>106 W. Montgomery St</u>			
DATE RECEIVED BY LOCAL REGISTRAR <u>FEB 15 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>			

1971 87

1971 87

RECEIVED BY THE
OFFICE OF THE
SECRETARY OF THE
NAVY

all instruments
new
Machinist

11/18 9/10/11
11/18 9/10/11

11/18

1925

25

DEATH CERTIFICATE OF DEATH

1925

25



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1476

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LOUISE

HARMON

2. DATE
OF
DEATH

February 12, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

4-02

D. STREET ADDRESS (If rural, give location)

628 Sarah Ann St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

7

8. DATE OF BIRTH

9. AGE (In years last birthday)

55 ?

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

United States

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Rosetta Hemmley 779 W. 1st St.

18.

443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive Heart Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒ASSISTANT MEDICAL EXAMINER.....☐MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

Feb. 12, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

2/15/52

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary

24D. LOCATION (City, town or county)

Cedar Hill

(State)

DATE RECEIVED BY LOCAL REGISTRAR

FEB 15 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

R. A. Heston

ADDRESS

918 Druid Hill

85-1458

85-1458

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

VICTORIA PICHA

2. DATE
OF
DEATH

Feb. 13, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 421 N. Port St.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

421 N. Port St.

c. Length of stay in Baltimore

73 years

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Dec. 2, 1865

9. AGE (In years
last birthday)

86

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Czechoslovakia

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Joseph Bernard

14. MOTHER'S MAIDEN NAME

Augustine Katolicky

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

Anna Jordan, dght. above

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A) DUE TO

Coronary Thrombosis

(B) DUE TO

Chr. Myocarditis

(C) DUE TO

Hypertensive Cardiovascular
DiseaseINTERVAL BETWEEN
ONSET AND DEATH

2/13/52

Jan. 1/1947

Jan. 1/47

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1952, to Jan 13, 1952, that I last saw the
deceased alive on Feb 13, 1952, and that death occurred at 4 a.m., from the causes and on the date stated above.

23A. SIGNATURE

William J. Ryan

M. D.

23B. ADDRESS

801 S. Kenwood Dr

23C. DATE SIGNED

2/13/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 16, 1952

24C. NAME OF CEMETERY OR CREMATORY

Oak Hill Cem.

24D. LOCATION (City, town, or county)

Horner's Lane, Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 15 1952

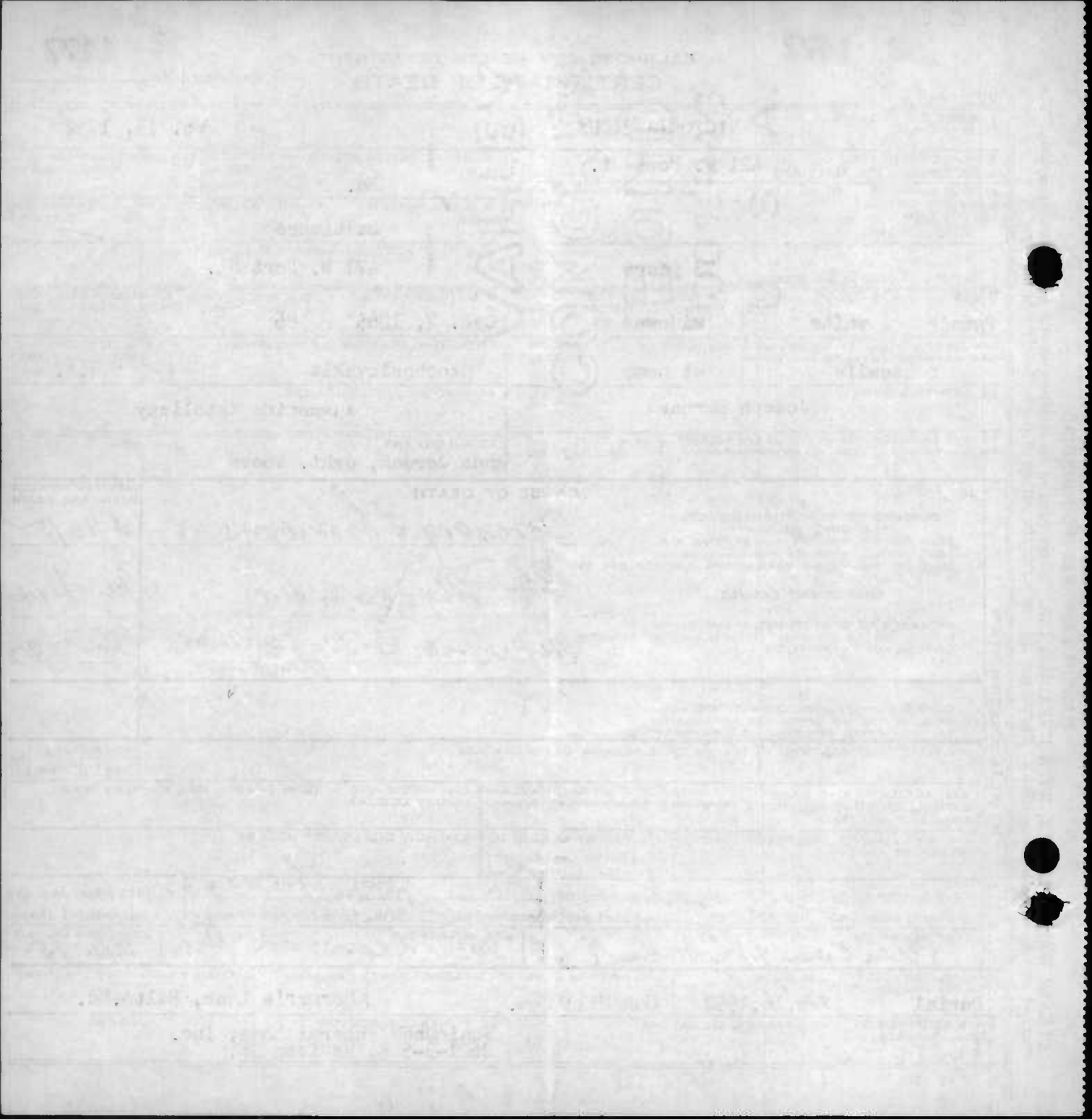
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Schimunek Funeral Home, Inc.
2601-3-5 E. Madison St.

ADDRESS



52 1478

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1478

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

FELTON C GARNETT

2. DATE
OF
DEATH

FEB 12, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

OSL-2

4. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission)

A. STATE MARYLAND

B. COUNTY _____

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

6-04

D. STREET ADDRESS (If rural, give location)

1819 JEFFERSON ST.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

COLORED

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

9-19-00

9. AGE (In years last birthday)

51

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Chauffeur

10B. KIND OF BUSINESS OR INDUSTRY

Lapley, Shade & Co

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

yes

13. FATHER'S NAME

JOHN GARNETT

14. MOTHER'S MAIDEN NAME

ANK.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO.

16. SOCIAL SECURITY NO.

216-01-3324

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. 204.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Lymphatic Leukemia

DUE TO

INTERVAL BETWEEN ONSET AND DEATH
9 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Abscesses of liver

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-28-51, to 2-12, 1952, that I last saw the deceased alive on 2-12, 1952, and that death occurred at 3:30 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Herbert S. Langford

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

2-11-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb-16-1952

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary

24D. LOCATION (City, town, or county)

Brooklyn Md.

DATE RECEIVED BY LOCAL REGISTRAR

FEB 15 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Holland Funeral Home

ADDRESS

6834F-16 31-19 mid Ave

74a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

JOHNS HOPKINS HOSPITAL

52 1479

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1479
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LUCINDA

GEE

2. DATE
OF
DEATH

February 12, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

St. Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

8-07

D. STREET ADDRESS (If rural, give location)

1717 Ellsworth St.

C. Length of stay in Baltimore

5 yrs.

(Yrs.)
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

3-29-1917

9. AGE (In years
last birthday)

34

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Dewitt Va.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William Hudson

14. MOTHER'S MAIDEN NAME

Lizzie Morgan

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Joseph Gee 1717 Ellsworth St.

18.

754.3 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Congenital Heart Disease

ANTECEDENT CAUSES

(B) Patent Interauricular Septal Defect

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE ☐
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. ...

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

February 13, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

2-15-1952

24C. NAME OF CEMETERY OR CREMATORY

E Leven Oak

24D. LOCATION (City, town, or county)

Dewitt Va.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Randolph J. Collick

V S 151

7208A

1412 E. Preston St.

157E

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN PENCIL ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is extremely important. Physicians: please write the causes of death clearly and legibly.

[Faint, illegible text across the page, possibly bleed-through from the reverse side. The text is arranged in several paragraphs and appears to be a formal document or report.]



52 1480

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1480

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ADAM S. KLEBE, SR.

2. DATE
OF
DEATHTHUR.
Feb. 14, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

South Baltimore General Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE B. COUNTY

Maryland

Anne Arundel

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 25, Brooklyn Park

D. STREET ADDRESS (If rural, give location)

160 Meadow Road

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

April 12, 1879

9. AGE (In years
last birthday)

72

10. Under 1 Year
Months: Days: Hours: Min.

- - - -

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Carpenter Cabinet Maker

10B. KIND OF BUSINESS OR
INDUSTRY

General Carpentry

11. BIRTHPLACE (State or foreign country)

Baltimore County, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

George H. Klebe -

14. MOTHER'S MAIDEN NAME

Mary Deets

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

212-09-9083

17. INFORMANT

ADDRESS

Mrs. Amelia Klebe, wife, (same)

18. E 812.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Bronchopneumonia

- DUE TO -

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST

(B) Comminuted fractures of both legs

- DUE TO -

(C) Contusion of brain

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING OR CONTRIB-
UTING CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

street

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

Hanover and Cromwell Sts.

23-3

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

February 7, 1952

21E. INJURY OCCURRED

WHILE AT ☐ WORK NOT WHILE ☒ AT WORK

21F. HOW DID INJURY OCCUR?

pedestrian struck by auto

22. I certify that I took charge of the remains described above, held an autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒ suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R S Fisher

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Feb. 14, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 18, 1952

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 15 1952

Huntington William, M.D. & Howard Evans

VS 151

N-827.2

14005-31024

170c
39 no.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PROMPTLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

0811

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0811

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UNITED STATES OF AMERICA

OFFICE OF THE ATTORNEY GENERAL

WASHINGTON, D. C.

DEPT. OF JUSTICE

INVESTIGATION OF THE ACTS OF VIOLENCE COMMITTED BY THE
MEMBERS OF THE BLACK PANTHER PARTY

REPORT OF THE

ATTORNEY GENERAL
J. EDGAR HOOVER
JANUARY 1968

THE FOLLOWING IS A SUMMARY OF THE INFORMATION RECEIVED FROM THE
MEMBERS OF THE BLACK PANTHER PARTY

ON JANUARY 1, 1968, THE ATTORNEY GENERAL RECEIVED A LETTER FROM
THE BLACK PANTHER PARTY, 2101 K STREET, N.W., WASHINGTON, D. C.
THE LETTER STATED THAT THE PARTY HAD BEEN ADVISED BY A MEMBER
THAT A MEMBER OF THE PARTY HAD BEEN KILLED BY A POLICE OFFICER
ON JANUARY 1, 1968.

THE ATTORNEY GENERAL IMMEDIATELY ADVISED THE ATTORNEY GENERAL
OF THE DISTRICT OF COLUMBIA, THE ATTORNEY GENERAL OF THE
STATE OF CALIFORNIA, AND THE ATTORNEY GENERAL OF THE STATE OF
NEW YORK.

THE ATTORNEY GENERAL IMMEDIATELY ADVISED THE ATTORNEY GENERAL
OF THE DISTRICT OF COLUMBIA, THE ATTORNEY GENERAL OF THE
STATE OF CALIFORNIA, AND THE ATTORNEY GENERAL OF THE STATE OF
NEW YORK.

THE ATTORNEY GENERAL IMMEDIATELY ADVISED THE ATTORNEY GENERAL
OF THE DISTRICT OF COLUMBIA, THE ATTORNEY GENERAL OF THE
STATE OF CALIFORNIA, AND THE ATTORNEY GENERAL OF THE STATE OF
NEW YORK.

THE ATTORNEY GENERAL IMMEDIATELY ADVISED THE ATTORNEY GENERAL
OF THE DISTRICT OF COLUMBIA, THE ATTORNEY GENERAL OF THE
STATE OF CALIFORNIA, AND THE ATTORNEY GENERAL OF THE STATE OF
NEW YORK.

MARGIN RESERVED FOR BINDING

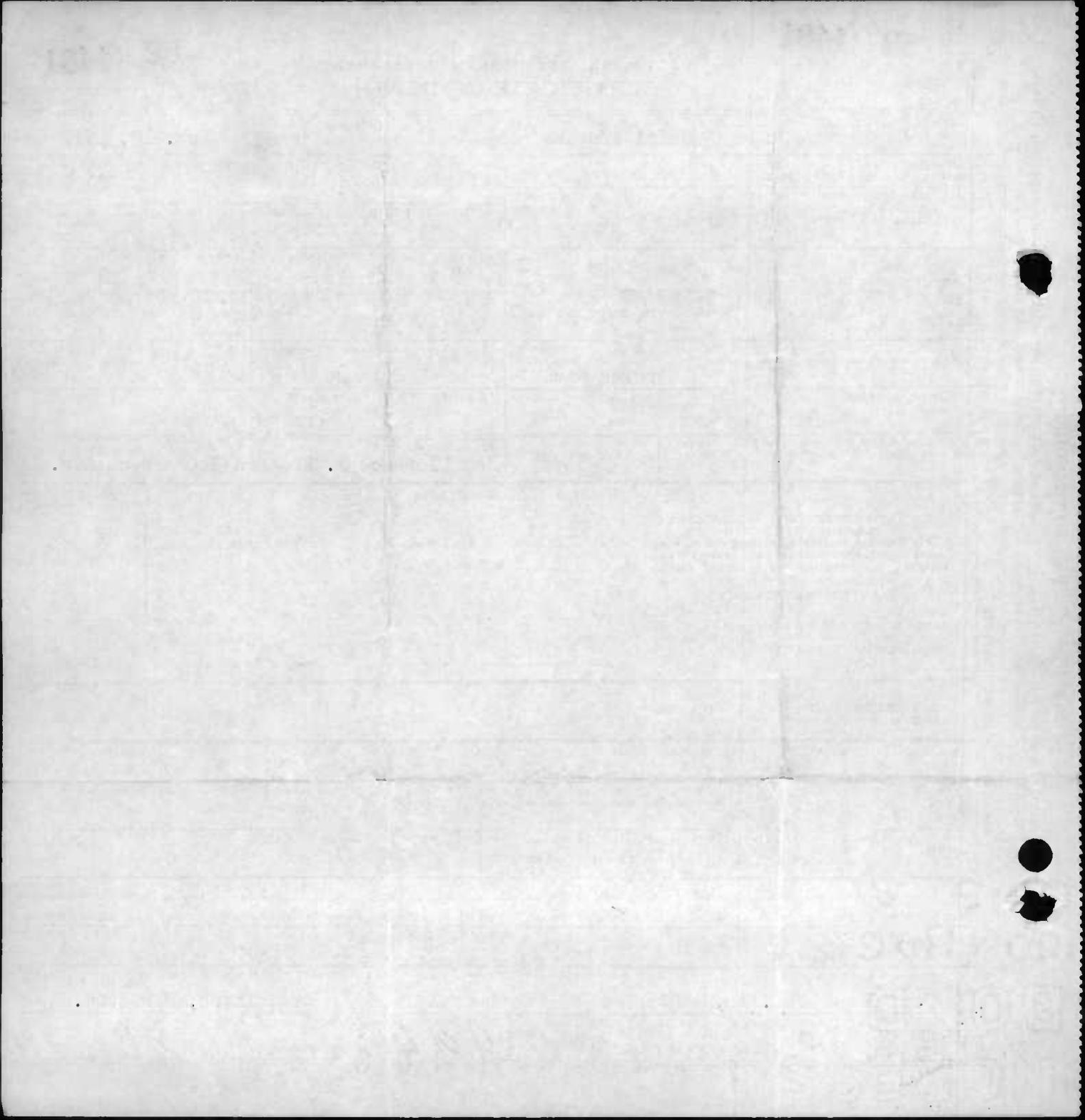
PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

77-326 52 1481

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1481
Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) John Daniel Rodgers	
2. DATE OF DEATH Feb. 13, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland	
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Beech Hill Nursing Home	
6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 13-07	
7. STREET ADDRESS (If rural, give location) 3802 Beech Ave	
c. Length of stay in Baltimore Life Yrs. Mos. Days	
8. SEX Male	9. COLOR OR RACE White
10. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	
11. DATE OF BIRTH Sept 22, 1874	
12. AGE (In years last birthday) 77	
13. BIRTHPLACE (State or foreign country) Baltimore	
14. CITIZEN OF WHAT COUNTRY?	
15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	
16. KIND OF BUSINESS OR INDUSTRY Hutzler Bros	
17. FATHER'S NAME Patrick Rodgers	
18. MOTHER'S MAIDEN NAME Mary Kerr	
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
20. SOCIAL SECURITY NO.	
21. INFORMANT ADDRESS Miss Florence A. Rodgers 3802 Beech Ave.	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) A. Arteriosclerotic Cardio-vascular Disease DUE TO B. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. C. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
INTERVAL BETWEEN ONSET AND DEATH 5 yrs	
19A. DATE OF OPERATION 0	
19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-1, 1951, to 2-13, 1952 that I last saw the deceased alive on 2-12, 1952, and that death occurred at 2:20 p. m., from the causes and on the date stated above.	
23A. SIGNATURE M. D. 23B. ADDRESS 23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24B. DATE Feb. 16, 1952	
24C. NAME OF CEMETERY OR CREMATORY Cathedral	
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland.	
DATE RECEIVED BY LOCAL REGISTRAR FEB 15 1952	
REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR ADDRESS H. J. Williams & Son 805 N. Calvert St	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PROMPTLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-653 52 1482

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1482
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Catherine Brandt		2. DATE OF DEATH Feb. 14, 1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY Baltimore			
b. FULL NAME OF HOSPITAL OR INSTITUTION 40 St. Agnes Hospital		c. CITY OR TOWN (If outside corporate limits, give township) Baltimore			
c. Length of stay in Baltimore Life		d. STREET ADDRESS (If rural, give location) 620 Wicklow Rd.			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 5/23/89	9. AGE (in years last birthday) 62	10. Under 1 Year Months: Days: Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Treasurer		10b. KIND OF BUSINESS OR INDUSTRY Chas. T. Brandt & Co. SHEET METAL PROD'Y		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Charles T. Brandt		14. MOTHER'S MAIDEN NAME Catherine Crane			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Miss Ida Brandt, 620 Wicklow Rd.	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cardio-Respiratory Failure		CAUSE OF DEATH (A) Cardio-Respiratory Failure DUE TO (B) Myocardial Degeneration DUE TO (C) Hypertensive Cardio Vascular Disease		INTERVAL BETWEEN ONSET AND DEATH 5 years	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Coronary Artery Thrombosis					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Mar 11, 1951 , to 14 Feb, 1952 that I last saw the deceased alive on 14 Feb 52 and that death occurred at 11:15 PM , from the causes and on the date stated above.					
23a. SIGNATURE William J. Barry		23b. ADDRESS 4605 Edmonson Ave		23c. DATE SIGNED 14 Feb 52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 18/52		24c. NAME OF CEMETERY OR CREMATORY Landon Pk.	
24d. LOCATION (City, town, or county) Balto. Md.		25. FUNERAL DIRECTOR Huntington Williams, M.D.		ADDRESS Harry F. Kutzke, 4101 Edmonson	
DATE RECEIVED BY LOCAL REGISTRAR FEB 15 1952					

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RECEIVED CITY OF NEW YORK
DEPARTMENT OF THE CITY CLERK

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

52 1483

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*Allen J. Knott*2. DATE
OF
DEATH*2/13/52*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Le Thomas Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

*Balto Md**20-01*

D. STREET ADDRESS (If rural, give location)

503 Normandy St

c. Length of stay in Baltimore

*Life*Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

*W*SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*Unmarried*

8. DATE OF BIRTH

Feb. 22, 1885

9. AGE (In years last birthday)

66

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work during most of working life, even if retired)

Retired Engineer

10B. KIND OF BUSINESS OR INDUSTRY

Regal Laundry

11. BIRTHPLACE (State or foreign country)

Frederick, Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John A. Knott

14. MOTHER'S MAIDEN NAME

Annie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Clarence Knott, 503 Normandy Ave

18.

420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

DUE TO

Prostatic Artery Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an *Inspection* thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

D. J. [Signature]

M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒

23C. DATE SIGNED

2/13/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town or county) (State)

*Burial**Feb. 16/52**Landon Pl**Balto. Md.*

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*FEB 15 1952**Huntington Ave. Harry N. Witke, 4101 Edmondson*

VS 151

*58-38C**94a Uden*

1881 32

1881 32



MARGIN RESERVED FOR BINDING

S-3 1552 1484

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 1484

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) **Charles J. Stevens** 2. DATE OF DEATH **Feb. 13/52**

3. PLACE OF DEATH: A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **South Baltimore General** C. CITY OR TOWN (If outside corporate limits, write "Ult." and give township) **Baltimore** **24-03**

D. STREET ADDRESS (If rural, give location) **1026 Riverside Ave.** c. Length of stay in Baltimore **51** Yrs. Mos. Days

5. SEX **Male** 6. COLOR OR RACE **White** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **June 9, 1900** 9. AGE (In years last birthday) **51** If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Pipe fitter** 10B. KIND OF BUSINESS OR INDUSTRY **U.S. Coast Guard** 11. BIRTHPLACE (State or foreign country) **Md** 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME **Stevens** 14. MOTHER'S MAIDEN NAME **Mamie Cook**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) 16. SOCIAL SECURITY NO. **215-09-7281** 17. INFORMANT ADDRESS **Mrs. Elizabeth Stevens, 1026 Riverside Ave**

18. **420.1 I** DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) **Cornary thrombosis** (A) DUE TO ANTECEDENT CAUSES (B) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **July 30, 1951**, to **Aug 2, 1951**, that I last saw the deceased alive on **Aug 2, 1951**, and that death occurred at **m.**, from the causes and on the date stated above.

23A. SIGNATURE **Quinton Rescumb** M. D. 23B. ADDRESS **1429 N. Fairview** 23C. DATE SIGNED **2/15/52**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **Feb. 18/52** 24C. NAME OF CEMETERY OR CREMATORY **Glen Haven Cemetery** 24D. LOCATION (City, town, or county) (State) **Glen Burnie, Md.**

DATE RECEIVED BY LOCAL REGISTRAR **FEB 15 1952** REGISTRAR'S SIGNATURE **Huntington Williams** 25. FUNERAL DIRECTOR **Harry A. Wight** ADDRESS **01 Edmondson Ave.**

VS 150

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

52491

94a

1001

RECEIVED BY THE DIRECTOR

DEPT. OF JUSTICE

1002



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1485
Registered No. 52 1485

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Matilda Monroe

2. DATE
OF DEATH

Feb. 14, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 402 N. Fremont Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

402 N. FREMONT AVE.

B. FULL NAME OF HOSPITAL OR INSTITUTION

None

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Balto.

D. STREET ADDRESS (If rural, give location)

402 N. Fremont Ave.

C. Length of stay in Baltimore

35yrs

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Widow

8. DATE OF BIRTH

July. 1886

9. AGE (In years last birthday)

65yrs

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?
U.S.

13. FATHER'S NAME

John W. Goldsborough

14. MOTHER'S MAIDEN NAME

Maria Wilson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Rebecca Nixon. 433 N. Gilmore St.

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Cerebral Thrombosis & uremia.

10 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Hypertensive cardiosclerosis & renal disease

unknown

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Oct 1951, to Feb 14, 1952, that I last saw the deceased alive on Feb 14, 1952, and that death occurred at 1038 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

1985

CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Race	
4. Date of Birth		5. Date of Death		6. Place of Birth	
7. Usual Residence		8. Cause of Death		9. Manner of Death	
10. Signature of Physician		11. Signature of Registrar		12. Signature of Informant	
13. Date of Entry		14. Place of Entry		15. Signature of Informant	
16. Signature of Informant		17. Signature of Informant		18. Signature of Informant	
19. Signature of Informant		20. Signature of Informant		21. Signature of Informant	
22. Signature of Informant		23. Signature of Informant		24. Signature of Informant	
25. Signature of Informant		26. Signature of Informant		27. Signature of Informant	
28. Signature of Informant		29. Signature of Informant		30. Signature of Informant	
31. Signature of Informant		32. Signature of Informant		33. Signature of Informant	
34. Signature of Informant		35. Signature of Informant		36. Signature of Informant	
37. Signature of Informant		38. Signature of Informant		39. Signature of Informant	
40. Signature of Informant		41. Signature of Informant		42. Signature of Informant	
43. Signature of Informant		44. Signature of Informant		45. Signature of Informant	
46. Signature of Informant		47. Signature of Informant		48. Signature of Informant	
49. Signature of Informant		50. Signature of Informant		51. Signature of Informant	
52. Signature of Informant		53. Signature of Informant		54. Signature of Informant	
55. Signature of Informant		56. Signature of Informant		57. Signature of Informant	
58. Signature of Informant		59. Signature of Informant		60. Signature of Informant	
61. Signature of Informant		62. Signature of Informant		63. Signature of Informant	
64. Signature of Informant		65. Signature of Informant		66. Signature of Informant	
67. Signature of Informant		68. Signature of Informant		69. Signature of Informant	
70. Signature of Informant		71. Signature of Informant		72. Signature of Informant	
73. Signature of Informant		74. Signature of Informant		75. Signature of Informant	
76. Signature of Informant		77. Signature of Informant		78. Signature of Informant	
79. Signature of Informant		80. Signature of Informant		81. Signature of Informant	
82. Signature of Informant		83. Signature of Informant		84. Signature of Informant	
85. Signature of Informant		86. Signature of Informant		87. Signature of Informant	
88. Signature of Informant		89. Signature of Informant		90. Signature of Informant	
91. Signature of Informant		92. Signature of Informant		93. Signature of Informant	
94. Signature of Informant		95. Signature of Informant		96. Signature of Informant	
97. Signature of Informant		98. Signature of Informant		99. Signature of Informant	
100. Signature of Informant		101. Signature of Informant		102. Signature of Informant	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 1486

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LILLIAN MAY WHALEY

2. DATE
OF
DEATH

Feb. 14, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION 2909 Garrison Blvd.C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

2909 Garrison Blvd.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

B. DATE OF BIRTH

Jan. 16, 1873

9. AGE (In years
last birthday)

78

If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
housewife10B. KIND OF BUSINESS OR INDUSTRY
at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

J. J. W. Wilson

14. MOTHER'S MAIDEN NAME

Elizabeth --

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Edward M. Whaley - 2909 Garrison Blvd.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary Thrombosis

12 hours

DUE TO

ANTECEDENT CAUSES

(B)

Aortic Sclerosis

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from 1 - 1 - 1922 to 2 - 14 - 1952 that I last saw the deceased alive on 2 - 14 - 1952, and that death occurred at 6 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

2/16/52

Loudon Park Cem.

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 15 1952

Huntington Williams, M.D.

Wm. J. Schenck & Sons

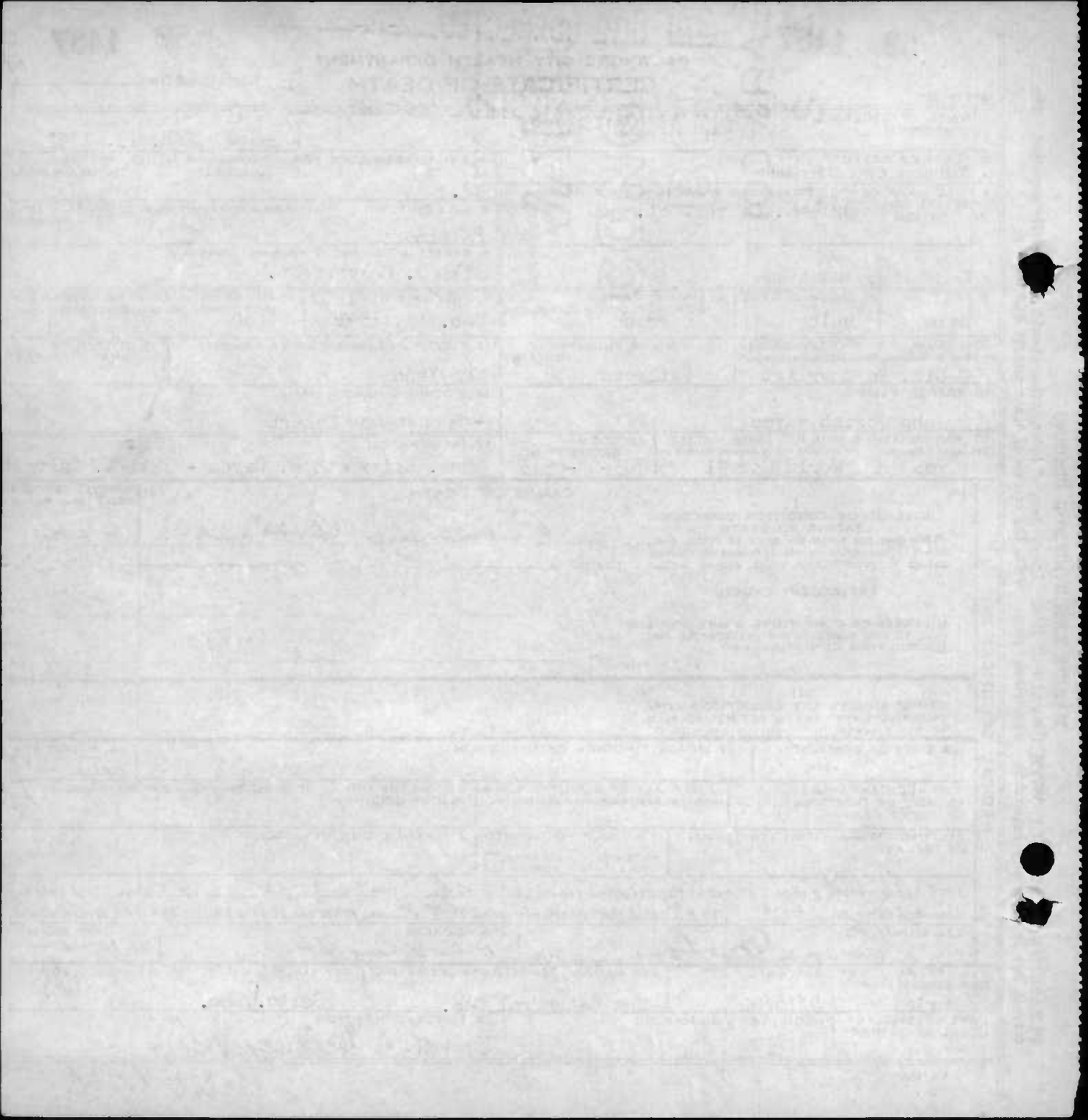
1405 94a Balto Md.

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of informant		11. Signature of witness		12. Signature of coroner	
13. Signature of funeral director		14. Signature of undertaker		15. Signature of cemetery		16. Signature of church	
17. Signature of school		18. Signature of hospital		19. Signature of nursing home		20. Signature of other institution	
21. Signature of other institution		22. Signature of other institution		23. Signature of other institution		24. Signature of other institution	
25. Signature of other institution		26. Signature of other institution		27. Signature of other institution		28. Signature of other institution	
29. Signature of other institution		30. Signature of other institution		31. Signature of other institution		32. Signature of other institution	
33. Signature of other institution		34. Signature of other institution		35. Signature of other institution		36. Signature of other institution	
37. Signature of other institution		38. Signature of other institution		39. Signature of other institution		40. Signature of other institution	
41. Signature of other institution		42. Signature of other institution		43. Signature of other institution		44. Signature of other institution	
45. Signature of other institution		46. Signature of other institution		47. Signature of other institution		48. Signature of other institution	
49. Signature of other institution		50. Signature of other institution		51. Signature of other institution		52. Signature of other institution	
53. Signature of other institution		54. Signature of other institution		55. Signature of other institution		56. Signature of other institution	
57. Signature of other institution		58. Signature of other institution		59. Signature of other institution		60. Signature of other institution	
61. Signature of other institution		62. Signature of other institution		63. Signature of other institution		64. Signature of other institution	
65. Signature of other institution		66. Signature of other institution		67. Signature of other institution		68. Signature of other institution	
69. Signature of other institution		70. Signature of other institution		71. Signature of other institution		72. Signature of other institution	
73. Signature of other institution		74. Signature of other institution		75. Signature of other institution		76. Signature of other institution	
77. Signature of other institution		78. Signature of other institution		79. Signature of other institution		80. Signature of other institution	
81. Signature of other institution		82. Signature of other institution		83. Signature of other institution		84. Signature of other institution	
85. Signature of other institution		86. Signature of other institution		87. Signature of other institution		88. Signature of other institution	
89. Signature of other institution		90. Signature of other institution		91. Signature of other institution		92. Signature of other institution	
93. Signature of other institution		94. Signature of other institution		95. Signature of other institution		96. Signature of other institution	
97. Signature of other institution		98. Signature of other institution		99. Signature of other institution		100. Signature of other institution	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

<div style="display: flex; justify-content: space-between;"> H-20052 1487 CERTIFICATE CORRECTED 2-19-52 52 1487 </div> <div style="text-align: center;"> BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH </div> <div style="text-align: right;">Registered No. _____</div>											
<div style="display: flex; justify-content: space-between;"> <div> BIRTH NO. 1. NAME OF DECEASED (Type or Print) JOHN RICHARD HAYES </div> <div> 2. DATE OF DEATH Feb. 13, 1952 </div> </div>											
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) 3211 N. Calvert St.					4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give location) 3211 N. Calvert St.						
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____											
5. SEX male		6. COLOR OR RACE white		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 1892 Feb. 11, 1891		9. AGE (in years last birthday) 60			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Div. Passngr Agt					10B. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME John Joseph Hayes					14. MOTHER'S MAIDEN NAME - Constance Eckert						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) yes		16. SOCIAL SECURITY NO. 705-09-0535		17. INFORMANT ADDRESS Mrs. Elizabeth H. Hayes - 3211 N. Calvert							
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 002X I Pulmonary Tuberculosis 2 yrs					CAUSE OF DEATH 2 yrs					INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.											
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.											
19A. DATE OF OPERATION					19B. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)					
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 12-28, 1951, to 2-13, 1952, that I last saw the deceased alive on 2-1, 1952, and that death occurred at 9 P. m., from the causes and on the date stated above.											
23A. SIGNATURE <i>Laurence D. Lewis</i> M. D.					23B. ADDRESS 11 E. Chase St			23C. DATE SIGNED 2-14-52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/16/52		24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cem.		24D. LOCATION (City, town, or county) (State) Balto., Md.					
DATE RECEIVED BY LOCAL REGISTRAR FEB 15 1952		REGISTRAR'S SIGNATURE <i>Huntington W. Hines</i>			25. FUNERAL DIRECTOR <i>Wm. J. Pickens & Sons</i>			ADDRESS 138 Balto Md.			



R-540
1488
VHC-155996

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1488
Registered No.

BIRTH NO.

1. NAME OF DECEASED

(Type or Print) Elizabeth Rommal

2. DATE
OF
DEATH

2-14-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR INSTITUTE location)

Baltimore City Hospitals
31 4940 Eastern Avenue

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2802 Bayner Avenue

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

5/13/1869

9. AGE (In years

last birthday)

82

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Mearns

14. MOTHER'S MAIDEN NAME

Sarah Douglas

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL

SECURITY NO.

17. INFORMANT
Records - Baltimore City Hospitals
4940 Eastern Avenue

18.

491X I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Broncho pneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

2-3 wks.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerotic Heart Disease

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-25-1952 to 2-14-1952, that I last saw the
deceased alive on 2-14-1952, and that death occurred at 6:00A m., from the causes and on the date stated above.

23A. SIGNATURE

P. S. Hogan

M. O.

23B. ADDRESS

4940 Eastern Ave., Balto., Md.

23C. DATE SIGNED

2-14-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/16/52

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge

24D. LOCATION (City, town, or county)

Pikerville Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 15 1952

Huntington Williams, 1217 St. Paul St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DEPARTMENT OF HEALTH, WASHINGTON

CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of informant		12. Signature of witness	

13. Cause of death		14. Manner of death		15. Signature of physician	
16. Signature of registrar		17. Signature of informant		18. Signature of witness	
19. Signature of physician		20. Signature of registrar		21. Signature of informant	
22. Signature of witness		23. Signature of physician		24. Signature of registrar	
25. Signature of informant		26. Signature of witness		27. Signature of physician	
28. Signature of registrar		29. Signature of informant		30. Signature of witness	
31. Signature of physician		32. Signature of registrar		33. Signature of informant	
34. Signature of witness		35. Signature of physician		36. Signature of registrar	
37. Signature of informant		38. Signature of witness		39. Signature of physician	
40. Signature of registrar		41. Signature of informant		42. Signature of witness	
43. Signature of physician		44. Signature of registrar		45. Signature of informant	
46. Signature of witness		47. Signature of physician		48. Signature of registrar	
49. Signature of informant		50. Signature of witness		51. Signature of physician	
52. Signature of registrar		53. Signature of informant		54. Signature of witness	
55. Signature of physician		56. Signature of registrar		57. Signature of informant	
58. Signature of witness		59. Signature of physician		60. Signature of registrar	
61. Signature of informant		62. Signature of witness		63. Signature of physician	
64. Signature of registrar		65. Signature of informant		66. Signature of witness	
67. Signature of physician		68. Signature of registrar		69. Signature of informant	
70. Signature of witness		71. Signature of physician		72. Signature of registrar	
73. Signature of informant		74. Signature of witness		75. Signature of physician	
76. Signature of registrar		77. Signature of informant		78. Signature of witness	
79. Signature of physician		80. Signature of registrar		81. Signature of informant	
82. Signature of witness		83. Signature of physician		84. Signature of registrar	
85. Signature of informant		86. Signature of witness		87. Signature of physician	
88. Signature of registrar		89. Signature of informant		90. Signature of witness	
91. Signature of physician		92. Signature of registrar		93. Signature of informant	
94. Signature of witness		95. Signature of physician		96. Signature of registrar	
97. Signature of informant		98. Signature of witness		99. Signature of physician	
100. Signature of registrar		101. Signature of informant		102. Signature of witness	

5-530
52 1489

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1489

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Anna Smith

2. DATE
OF
DEATH

Feb 12, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MD.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

38 University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 18-03

D. STREET ADDRESS (If rural, give location)

1020 Hollins St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

Feb. 18, 1898

9. AGE (In years last birthday)

53

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Laurel, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Wash Merson

14. MOTHER'S MAIDEN NAME

—

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

16. SOCIAL SECURITY NO.

—

17. INFORMANT

ADDRESS

Walter C. Smith, 1020 Hollins St.

18.

416 X I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) *Peripheral circulatory failure*
shock

INTERVAL BETWEEN ONSET AND DEATH

39 min

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *congestive heart failure*
Rheumatic heart disease

5 days
40 yrs.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Suppurative lesion, st. foot

2 wks.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *Feb 9, 1952*, to *Feb 12, 1952* that I last saw the deceased alive on *Feb 12, 1952*, and that death occurred at *8:30 a.m.*, from the causes and on the date stated above.

23A. SIGNATURE

Robert A. Moore, Jr.

23B. ADDRESS

University Hosp.

23C. DATE SIGNED

Feb 12, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/16/52

24C. NAME OF CEMETERY OR CREMATORY

Meadow Ridge

24D. LOCATION (City, town, or county) (State)

Dorsey, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

St. M. Cook, Inc., 1212 St. Paul St.

FEB 15 1952

VS 150

9513

MARGIN RESERVED FOR BINDING

PLEASE WRITE PHENOLICALLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1490
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Elizabeth C. Moore

2. DATE
OF
DEATH February 13, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

2003 Maisel Street

C. CITY OR TOWN (If outside corporate limits, write P. R. A. and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2003 Maisel Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

white

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

April 9, 1885

9. AGE (in years
last birthday)

66

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George Adams

14. MOTHER'S MAIDEN NAME

Katherine Crist

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Herman A. Moore, 2003 Maisel Street

18.

422.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

2 years

2 years

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/1, 1950, to 2/13, 1952, that I last saw the
deceased alive on 2/12, 1952, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

2/16/52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cemetery

24D. LOCATION (City, town, or county)

Baltimore,

Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 15 1952

Huntington Williams, M.D.

Wm. Cook, Inc.

1217 St. Paul Street

VS 150

925

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is necessary. Physicians: please write the causes of death clearly and legibly.

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UNITED STATES DEPARTMENT OF THE INTERIOR

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1491

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) Evelyn (Elvelyn) Dye

2. DATE OF DEATH Feb. 14, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Johns Hopkins Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

209 N. Montford Avenue

5. SEX

female

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9 - 19 - 1922

9. AGE (In years last birthday)

29

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Chester S.C.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Eleck

Young

14. MOTHER'S MAIDEN NAME

Jannie Sevier

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Made Young 209 Montford Ave

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Pulmonary tuberculosis

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. S. Fisher

23B. CHIEF MEDICAL EXAMINER.....☒ ASSISTANT MEDICAL EXAMINER.....☐ MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED Feb. 14, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/17/1952

24C. NAME OF CEMETERY OR CREMATORY

Annea Cemetery

24D. LOCATION (City, town, or county)

Chester S.C.

DATE RECEIVED BY LOCAL REGISTRAR

FEB 15 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

FUNERAL DIRECTOR

Elmer A. Wilson, 1100 Beatty Ave

VS 151

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

653
52 1492

GREENIDGE
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1492

BIRTH NO.			1. NAME OF DECEASED (Type or Print) <u>Herbert Greenridge</u>			2. DATE OF DEATH <u>February 14, 1952</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>md.</u> B. COUNTY <u>Baltimore</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>15-03</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>33</u> <u>JOHNS HOPKINS HOSPITAL</u>			D. STREET ADDRESS (If rural, give location) <u>2423 W. North Ave.</u>			c. Length of stay in Baltimore <u>?</u> Yrs. <u>?</u> Mos. <u>?</u> Days <u>?</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>9-12-91</u>	9. AGE (In years last birthday) <u>60</u>	10. Under 1 Year Months: Days		11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bar Tender</u>			10B. KIND OF BUSINESS OR INDUSTRY <u>Lavern</u>		11. BIRTHPLACE (State or foreign country) <u>West Indies</u>		12. CITIZEN OF WHAT COUNTRY? <u>✓</u>	
13. FATHER'S NAME <u>Francis Greenridge</u>			14. MOTHER'S MAIDEN NAME <u>3</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>no</u>			
16. SOCIAL SECURITY NO. <u>138-03-8880</u>			17. INFORMANT ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>					

18. <u>492X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Bacteroides pneumoniae</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C) (D) (E) (F) (G) (H) (I) (J) (K) (L) (M) (N) (O) (P) (Q) (R) (S) (T) (U) (V) (W) (X) (Y) (Z)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <u>2-2</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>2-2</u> , 1952 to <u>2-14</u> , 1952, that I last saw the deceased alive on <u>2-14</u> , 1952, and that death occurred at <u>330 Pm.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>W. Langford</u>		23B. ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>2/18/52</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Lincoln Memorial</u>	
24D. LOCATION (City, town, or county) (State) <u>Atlantic City, N. J.</u>		25. FUNERAL DIRECTOR <u>Pres. H. Kelson</u>		ADDRESS <u>1303</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>FEB 15 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>		25. FUNERAL DIRECTOR <u>Pres. H. Kelson</u>	
VS 150		1095350624		Pres. H. Kelson 2/10/52	

THE JOHNS HOPKINS HOSPITAL

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MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

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1493

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1493

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		LAURA KIMBERLY FULTON		Feb. 14, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
B. FULL NAME OF HOSPITAL OR INSTITUTION Cambridge Arms Apartments Charles & 34th Sts.			A. STATE Maryland B. COUNTY none		
C. Length of stay in Baltimore life Yrs. Mos. Days			C. CITY OR TOWN Baltimore		
			D. STREET ADDRESS (If rural, give location) Cambridge Arms Apts., Charles & 34th Sts.		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH 2 - 28 - 67	9. AGE (In years last birthday) 84	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME Alfred Kimberly Fulton			14. MOTHER'S MAIDEN NAME Laura Kimberly		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT Miss A. Maude Kimberly		
			ADDRESS Cambridge Arms Apts.		
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 332x I DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH (A) cerebral thrombosis (B) Previous attack (C) arterio sclerosis addison's disease		INTERVAL BETWEEN ONSET AND DEATH 2 days 3 wks yrs.
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12/30, 1951, to 2/17, 1952, that I last saw the deceased alive on 2/13, 1952, and that death occurred at 1:00 P.M., from the causes and on the date stated above.					
23A. SIGNATURE George DeHoff		23B. ADDRESS M. D. 2020 N. Charles St.		23C. DATE SIGNED 2 - 15 - 52	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 2 - 16 - 52		24C. NAME OF CEMETERY OR CREMATORY Greenmount	
				24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR FEB 15 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR John O. Mitchell & Sons, Inc.-1900 Eutaw Place	

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CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of informant		11. Signature of witness		12. Signature of coroner	
13. Signature of funeral director		14. Signature of undertaker		15. Signature of cemetery		16. Signature of church	
17. Signature of school		18. Signature of hospital		19. Signature of prison		20. Signature of other	
21. Signature of other		22. Signature of other		23. Signature of other		24. Signature of other	
25. Signature of other		26. Signature of other		27. Signature of other		28. Signature of other	
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89. Signature of other		90. Signature of other		91. Signature of other		92. Signature of other	
93. Signature of other		94. Signature of other		95. Signature of other		96. Signature of other	
97. Signature of other		98. Signature of other		99. Signature of other		100. Signature of other	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1494

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Estelle George

2. DATE
OF
DEATH

Feb 13 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

2545 W. Lannock St

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

16-05

D. STREET ADDRESS (If rural, give location)

2545 W. Lannock St

c. Length of stay in Baltimore 2 mos.

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Nov 26, 1883

9. AGE (In years

last birthday)

68

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

S. C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Laura Wilson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

James George

ADDRESS

18.

420 0 I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

(A) Anteroselective Heart Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ ND ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/8, 1952 to 2/13, 1952, that I last saw the deceased alive on 2/13, 1952 and that death occurred at 4:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Jerome Guber

M. D.

23B. ADDRESS

1104 E. Calasping Lane

23C. DATE SIGNED

2/13/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb 18 1952

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary Cem.

24D. LOCATION (City, town, or county) (State)

A. A. County Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Mr. G. Elliott

ADDRESS

1129 N. Caroline St

FEB 15 1952

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52 1495

CERTIFICATE CORRECTED 5-9-52
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1495

BIRTH NO.		
1. NAME OF DECEASED (Type or Print) <u>Harold Giles</u>		
2. DATE OF DEATH <u>2-11-52</u>		
3. PLACE OF DEATH: A. <u>Baltimore City, Maryland</u>		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <u>Md.</u> B. COUNTY <u>17-01</u>
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Baltimore City Hospitals</u> <u>4940 Eastern Ave.</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>
c. Length of stay in Baltimore <u>15 yrs.</u>		D. STREET ADDRESS (If rural, give location) <u>565 Orchard St.</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>
8. DATE OF BIRTH <u>March 28, 1920</u>		9. AGE (In years last birthday) <u>31</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Gen</u>
11. BIRTHPLACE (State or foreign country) <u>Pa.</u>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <u>Robert</u>		14. MOTHER'S MAIDEN NAME <u>Jettie Washington</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>(If yes, give war or dates of service)</u>		16. SOCIAL SECURITY NO.
17. INFORMANT <u>B. C. H. Records, 4940 Eastern Ave.</u>		ADDRESS
18. <u>541.0</u> CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Bleeding Duodenal Ulcer</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 Week</u> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Congestive Heart Failure</u> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <u>2 Days</u>		
19A. DATE OF OPERATION <u>2-11-52</u>		19B. MAJOR FINDINGS OF OPERATION <u>Subtotal Gastrectomy</u>
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>
21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>2-8-52</u> , 19 <u>52</u> , to <u>Feb. 11</u> , 1952, that I last saw the deceased alive on <u>Feb. 11</u> , 1952, and that death occurred at <u>3.44 PM</u> from the causes and on the date stated above.		
23A. SIGNATURE <u>J. S. Rozen</u> M. O.		23B. ADDRESS <u>4940 Eastern Ave.</u>
23C. DATE SIGNED <u>2-13-52</u>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>Feb 16/52</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Mt Calvary Cem.</u>
24D. LOCATION (City, town, or county) (State) <u>A A County Md</u>		
DATE RECEIVED BY LOCAL REGISTRAR <u>FEB 15 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>
25. FUNERAL DIRECTOR <u>Mr. Robert A. Ellis & Son</u>		ADDRESS <u>1129 D. Caroline St.</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN UNFADING INK. Every item of information should be carefully supplied. The correct age is important. Physicians: please write the causes of death clearly and fully.

To be approved by Medical Examiner

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1129 D. Caroline St.
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NO.

BS Fisher

CHIEF OR ASST

DENTAL EXAMINER

INER'S CASE

M.D.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1496

BIRTH NO. 52 1496		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 52 1496	
1. NAME OF DECEASED (Type or Print) WALTER WLADYSLAW WLODKOWSKI			2. DATE OF DEATH Feb 13 1952		
3. PLACE OF BIRTH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION 218 S. Chester Street			C. CITY OR TOWN (If outside corporate limits, give RURAL and give township) Baltimore 2-01		
c. Length of stay in Baltimore 48 Years			D. STREET ADDRESS (If rural, give location) 218 S. Chester Street		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 1880	9. AGE (In years last birthday) 71	If Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Poland		12. CITIZEN OF WHAT COUNTRY? Poland
13. FATHER'S NAME Wladyslaw Wlodkowski			14. MOTHER'S MAIDEN NAME Maryanna Rakowski		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 217-07-3238	17. INFORMANT Mrs Emilia Wlodkowski		ADDRESS 218 S. Chester St
18. 002 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute Corioid dilatation Feb 13 1952			INTERVAL BETWEEN ONSET AND DEATH 10-1-51		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Pulmonary Tuberculosis					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 11, 1952, to Jan 12, 1952, that I last saw the deceased alive on Jan 13, 1952, and that death occurred at 8:30 P. m., from the causes and on the date stated above.					
23A. SIGNATURE William J. Kearney		23B. ADDRESS 801 Keewood Rd.		23C. DATE SIGNED 2/15/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Feb. 16 1952		24C. NAME OF CEMETERY OR CREMATORY Holy Rosary Cem	
24D. LOCATION (City, town, or county) Baltimore		24E. COUNTY County		24F. STATE State	
DATE RECEIVED BY LOCAL REGISTRAR FEB 15 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Wm. J. Weber	
VS 150		ADDRESS 501 S. Chester Street		12B	

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January 15, 2002

REPORT

OF THE

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ON

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **52 1497**

BIRTH NO. **52-04523**

1. NAME OF DECEASED (Type or Print) Baby Boy Lawson			2. DATE OF DEATH 14 Feb 52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Ind. B. COUNTY Balt.		
B. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balt. Meddly Neck		
c. Length of stay in Baltimore 2 Days			D. STREET ADDRESS (If rural, give location) 14 Yarrowater Dr 5200		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Baby	8. DATE OF BIRTH Feb. 12, 1952		9. AGE (in years last birthday) 2
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Balto., Ind.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Thomas H. Lawson			14. MOTHER'S MAIDEN NAME Betty D. Spann		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	17. INFORMANT Miss Peggy R. Spann 14 Yarrowater Drive		

18. 560.3 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		(A) Exenteration of intestinal tract in utero			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Baby born c intestinal tract lying out side of body - Had been out in utero for undetermined length of time			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C)			
19A. DATE OF OPERATION 12 Feb 52		19B. MAJOR FINDINGS OF OPERATION Exenteration, intestinal tract		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12 Feb 1952 to 14 Feb 1952 that I last saw the deceased alive on 14 Feb 1952 and that death occurred at 2:45 P.m. , from the causes and on the date stated above.					
23A. SIGNATURE William W. Sinkov		23B. ADDRESS Ruth. Hays of Md.		23C. DATE SIGNED 14 Feb 52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Feb. 16, 1952		24C. NAME OF CEMETERY OR CREMATORY Ebenezer Cemetery	
24D. LOCATION (City, town, or county) Chase, Ind.		24E. REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Prossper Funeral Home - 7401 Belair Rd.	
DATE RECEIVED BY LOCAL REGISTRAR FEB 15 1952		VS 150		1579	

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 1498**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Thomas H Evans*2. DATE
OF
DEATH*Feb. 13 - 1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission)

A. STATE

B. COUNTY

5. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

5712 Greenhill Ave

D. STREET ADDRESS (If rural, give location)

5712 Greenhill Ave

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?*Cabinetmaker**Retired**Chase, Md.**U.S.A.*

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

*No**Nicholas Evans**None**Mrs. Thomas H Evans, 5712 Greenhill Ave*

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH*Coronary Thrombosis*
*Arterio Sclerosis**15 days*

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from *Jan 30, 1952* to *Feb 13, 1952*, that I last saw the
deceased alive on *Feb 12, 1952*, and that death occurred at *1:50* m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*FEB 15 1952**Huntington Williams* *M. S. Sweeney* *Funeral Home 7401 Belair Rd.*

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OFFICE OF THE

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 1499****W-352**
52 1499
BIRTH NO.

1. NAME OF DECEASED (Type or Print) JAMES ALBERT WEETENKAMP			2. DATE OF DEATH 2/14/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION UNION MEMORIAL HOSP.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) CATONS VILLE		
c. Length of stay in Baltimore Yrs. <input checked="" type="checkbox"/> Mos. Days			D. STREET ADDRESS (If rural, give location) 28 ENJAY AVE 5300		
S. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M.	8. DATE OF BIRTH NOV 4, 1909	9. AGE (In years last birthday) 42	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LINEMAN			10B. KIND OF BUSINESS OR INDUSTRY GAST ELECTRIC CO		
11. BIRTHPLACE (State or foreign country) MD			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME JOHN H. WEETENKAMP			14. MOTHER'S MAIDEN NAME ADELE HATFIELD		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) YES - W.W. II			16. SOCIAL SECURITY NO. 212-05-7465		
17. INFORMANT ADDRESS Mr. Marcello Weetenkamp - 28 Enjay Ave.					
18. 735 X 1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) PULMONARY EMBOLISM DUE TO ANTECEDENT CAUSES (B) Herniation of intervertebral disc DUE TO (C)			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 2/5/52			19B. MAJOR FINDINGS OF OPERATION OBLITERATION OF DISC L5 S1		
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from FEB. 3, 1952 , to FEB. 14, 1952 , that I last saw the deceased alive on FEB. 14, 1952 , and that death occurred at 7:05 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE Claude E. Parish			23B. ADDRESS Union Memorial Hospital, Baltimore		23C. DATE SIGNED Feb. 14, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2-18-52	24C. NAME OF CEMETERY OR CREMATORY Baltimore National		24D. LOCATION (City, town, or county) (State) Baltimore Md.
DATE RECEIVED BY LOCAL REGISTRAR FEB 15 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS George A. Bradley & Fulton Ave. Fayette St.	

Operational cause interpreted by Dr. Hardie, BCHD

2/18/52 ES

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1500

BIRTH NO.

1. NAME OF DECEASED (Type or Print) RAINES BETSY C.		2. DATE OF DEATH 2/14-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, Md.		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Fraunhofer Square Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 1720 Sutton Ave 5300	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 5-11-1914
10A. USUAL OCCUPATION (Give kind of work done during most of worklog life, even if retired) Hygienician		10B. KIND OF BUSINESS OR INDUSTRY Distillery	
11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY? <input checked="" type="checkbox"/>	
13. FATHER'S NAME August Wendler		14. MOTHER'S MAIDEN NAME Bessie Coates	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT James S. Raines		ADDRESS -1720 Sutton Ave.	
18. 204.4 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Leukemia (A) _____ DUE TO _____ ANTECEDENT CAUSES (B) _____ DUE TO _____ DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) _____ Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 5 months	
19A. DATE OF OPERATION 2-18-52		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 12-9-1951 to 2-14-52 , 19 52 , that I last saw the deceased alive on 2-14-1952 , and that death occurred at 8:55 m., from the causes and on the date stated above.			
23A. SIGNATURE John R. ...		23B. ADDRESS Fraunhofer Square Hospital	
23C. DATE SIGNED 2-14-52			
24A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial		24B. DATE 2-18-52	
24C. NAME OF CEMETERY OR CREMATORY Wendoveridge Mem. Ch.		24D. LOCATION (City, town, or county) (State) Elkridge Md.	
DATE RECEIVED BY LOCAL REGISTRAR FEB 15 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR George S. Farley		ADDRESS Sutton Ave & Fayette St.	

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